

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

9-16-05
250.00

DOCUMENT # L04000085899

1. Limited Liability Company's Name

Waterfront Bayside Estates, LLC

CR2E041 (8/05)

2. Principal Office Address

1833 Keene Road North

3. Mailing Office Address

1833 Keene Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/29/2004

6. FEI Number

27-0110476

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Puzzanghera

Street Address (P.O. Box Number is Not Acceptable)

1833 Keene Road North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/08/2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Paul Puzzanghera	1833 Keene Road North	Clearwater, FL 33755

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 1/13/06

Daytime Phone # 727 441-9600

Typed or printed name of signing Managing Member/Manager

Paul Puzzanghera