PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000088761

1 Limited Liability Company's Name
BL-BAY VISTA DRIVE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
227 W. Fayette Street		227 W. Fayette Street	
Suite, Apt #, etc		Suite, Apt #, etc	
Suite 300		Suite 300	
City & State		City & State	
Syracuse, NY		Syracuse, NY	
Zip	Country	Zip	Country
13202	USA	13202	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 9, 2004

6. FEI Number: 20-1979362 — 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: Thomas N. Henderson III

Street Address (P O Box Number is Not Acceptable) Suite,
101 E. Kennedy Boulevard, Suite 3700

Apt #, Etc

City: Tampa | State: FL | Zip Code: 33602

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Thomas N. Henderson III — Date: 1/6/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	William B. Yeomans	227 W. Fayette Street, Suite 300	Syracuse, NY 13202

REINSTATEMENT
2015-2016

11. E-mail Address: clockwood@brooklinedevelopment.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 1/6/2016 Daytime Phone #: 315-295-0819

Typed or printed name of signing authorized representative/member: William B. Yeomans

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
BL-BAY VISTA DRIVE, LLC

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