L05000012791

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 29 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300142271333
02/10/09--01001--004 **5.00
300142271333
01/28/09--01021--017 **655.00

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name
Baldwin Bay Properties, LLC

06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2720 Park St	2720 Park St
Suite, Apt. #, etc suite 222	Suite, Apt #, etc. suite 222
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip / Country 32205 / USA	Zip / Country 32205 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
2/7/05

6. FEI Number
None

☐ Applied For
☐ Not Applica

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee req for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name
Gresham Stoneburner

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

Suite, Apt. #, Etc.
Suite 1400

City / State / Zip Code
Jacksonville / FL / 32207

☐ A $100 reinstatement fee is imposed, excep in circumstances which the entity did no receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $10C reinstatement be waived.

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 Gresham Stoneburner Date 1/26/09
REGISTERED AGENT MUST SIGN

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
Mgr	Jeffrey G. Meyer	2358 Riverside Ave #1205	Jax., FL 32204
Mgr	Alex Meyer	2358 Riverside Ave #205	Jax., FL 32204

REINSTATEMENT 2006-2009

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 tha 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 effe as if made under oath.

Signature of Managing Member/Manager _____ Date 1/26/09 Daytime Phone # (904)765-0727

Typed or printed name of signing Managing Member/Manager Jeffrey G. Meyer