

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAY 13 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L050000505D1

1. Limited Liability Company's Name

BAGET 2B2, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

6622 NATURE PRESERVE CT.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34109-7850

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

May 2005

6. FEI Number

202892845

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

L & L PARA, LTD. Co / DUBLIN HOUSE PROF. SUITES

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

27911 CROWN LAKE BLVD.

Suite, Apt. #, Etc.

209

State

FL 34135

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

RICHARD LYONS / EDUARDO HIRSCH - AUTHORIZED  
REGISTERED AGENT MUST SIGN

Date 5/13/10

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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	EDUARDO HIRSCH	6622 NATURE PRESERVE CT	Naples, FL 34108-7850

000180916030  
05/17/10--01003--001 \*\*138.75

11. E-mail Address: EHIRSCH60@COMCAST.NET

12. 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 5/13/10

Daytime Phone # 239 825 5977

Typed or printed name of signing Managing Member/Manager