

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L050051809**

1. Limited Liability Company's Name # **L05000051809**

Bay Loop Development, L.L.C.

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

151 Regions Way

Suite, Apt. #, etc.

Suite 1-C

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

151 Regions Way

Suite, Apt. #, etc.

Suite 1-C

City & State

Destin, FL

Zip

32541

Country

USA

4. State/Country of Formation

Florida/Walton

5. Date Organized or Qualified
To Do Business in Florida

May 25, 2005

6. FEI Number

20-2907695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status.

CR2E041 (1/11)

E-mail Address:

rc@lewis-caplan.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

David B. Pleat

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

4477 Legendary Drive

Suite, Apt. #, Etc.

202

City

Destin

State

FL

Zip Code

32541

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

Date

2/29/12

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
Mgrm	Robert A. Caplan	3631 Canal Street	New Orleans, LA 70119

REINSTATEMENT

2010-12

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. 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 Managing
Member/Manager

Date

2-23-12

Daytime Phone #

504 486-7766

Typed or printed name of signing Managing Member/Manager

N. Cullen

MAR - 5 2012