

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 27 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400120536134
03/17/08--01055--005 **\$16.25

400120536054
03/17/08--01055--004 **\$5.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000072256

1. Limited Liability Company's Name

Bayshore Environmental, LC

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

4230 S. MacDill Ave

Suite, Apt. #, etc.

Ste 226

City & State

Tampa, FL

Zip

33611

Country

U.S.

3. Mailing Office Address

4230 S. MacDill Ave

Suite, Apt. #, etc.

Suite 226

City & State

Tampa, FL

Zip

33611

Country

US

5. Date Organized or Qualified To Do Business in Florida

July 22, 2005

6. FEI Number

35-2263140

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

LUIS DIAZ

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

4230 S. MacDill Avenues

Suite, Apt. #, Etc.

Ste 226

City

Tampa

State

FL

Zip Code

33611

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.

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

Luis Diaz

REGISTERED AGENT MUST SIGN

Date 3/11/08

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
MAN	<u>LUIS DIAZ</u>	<u>same as above</u>	

REINSTATEMENT 06 08

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

Luis Diaz

Date 3/11/08

Daytime Phone# 813-857-6129

Typed or printed name of signing Managing Member/Manager