

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

Bay to Bay Options LLC

3825 Henderson Blvd

3825 Henderson Blvd

Suite, Apt. #, etc.

600

600

City & State

Tampa, FL

Tampa, FL

Country

33629

USA

Country

33629

USA

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

^d 8/24/2005

Applied For

14-1734513

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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

Name Joseph M Abdo

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

3825 Henderson Blvd

Suite, Apt. #, Etc.

400

City Tampa

State

FL

Zip Code
3629

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

REGISTERED AGENT MUST SIGN

Date 2/13/08

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
MGRM	Joseph E Abdo	3825 Henderson Blvd Suite 600	Tampa, FL 33629
	REINSTATEMENT		900118060819 02/14/08--01040--001 **238.75
	2006-2008		

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

Date 2/13/08

Daytime Phone # 813-267-5657

Typed or printed name of signing Managing Member/Manager Joseph t Abdo