PLEASE READ; ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 FEB 20 PM 4: 02
DOCUMENT # L 050000 84147 1. Limited Liability Company's Name Bay to Bay Options LLC		SEGRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3825 Hendurson Blvd Suite, Apt. #, etc. 600 City & State Tampa, FL Zip Country 33429 USA	3. Mailing Office Address 3825 Henderson Blvd Suite, Apt. #, etc. 600 City & State Tampa, FL Zip Country 33629 USA	CR2E041 (12/07) 4. State/Country of Formation FORICA / USA 5. Date Organized or Qualified To Do Business in Florida 8/24/2005 6. FEI Number U - 1734513 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
Name OSEON M Abod Street Address (P.O. Box Number is Not Acceptable 3825 Henduson Bl.V. Suite, Apt. #, Etc. UOO City Tampa	State Zip Code FL 33629	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 legistered 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		
10. Names and Street Addresses of Managing Mer	mbers/Managers	
Titles Name of Managing Members/Manag	Street Address of Each lers Managing Member/Mana	
MGRM Joseph E Abde	3825 Henderson E	Blvd 600 Tampa, FL 33629
REINSTAT	EMENT	900118060819 02/14/0801040001 **238.75
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 21,3 08 Daytime Phone #813-267-5657		
Typed or printed name of signing Managing Member/Manager <u>JOSeph E Abdo</u>		