

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 17 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000163727320

12/17/09--01040--009 \*\*521.25

CR2E041 (11/09)

DOCUMENT # L05000118269

1. Limited Liability Company's Name

Bay Properties and Interiors, LLC

07

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

3889 Indian Trail

Suite, Apt. #, etc.

3. Mailing Office Address

3889 Indian Trail

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 12/05

6. FEI Number

20-3981581

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

D. Scott Jones

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

3889 Indian Trail

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-15-09

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
<u>MBAM</u>	<u>Donna B. Jones</u>	<u>3889 Indian Trail</u>	<u>Destin, FL 32541</u>
<b>REINSTATEMENT 2007, 2008, 2009</b>			<u>CUS</u>
			<u>nc</u>
			<u>12/18</u>
<u>numeric one (1)</u>			

11. E-mail Address: Donna B Jones 1 @ AOL . com ✓

(To be used for future annual report notifications)

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 [Signature]

Date 12-7-09

Daytime Phone # 850 502 6980

Typed or printed name of signing Managing Member/Manager