

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

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

11. E-mail Address: Donna.B.Jones@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