

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
10 MAY 10 AM 10:15

DOCUMENT # **L06 000001173**

1. Limited Liability Company's Name

Bay Mediation, LLC

BK

CR2E041 (11/09)

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

3402 N. Harbour Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3402 N. Harbour Cir

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

U.S.

Zip

32405

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

1-4-2004

6. FEI Number

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 **Kim Fazzone Pilcher**

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

3402 N. Harbour Circle

Suite, Apt. #, Etc.

City **Panama City, FL**

State **FL**

Zip Code **32405**

☒ 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

KFP

REGISTERED AGENT MUST SIGN

Date **5-5-10**

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
MGR	Kim Fazzone Pilcher	3402 N. Harbour Cir	Panama City, FL 32405

REINSTATEMENT

2008-2010

700180665587
5/10/10--01075--004 **\$45.75

700180665587
5/10/10--01060--008 **\$170.50

BK

11. E-mail Address: **Krfzone@gmail.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

KFP

Date **5-5-10**

Daytime Phone # **641-670-1053**

Typed or printed name of signing Managing Member/Manager