

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 060000 33104

1. Limited Liability Company's Name

BAG Uptown LLC

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

2200 MANATEE AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

FL

Zip

34205

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

03/25/11--01024--002 **\$16.40

500199312245

03/25/11--01024--002 **\$16.40

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Ebling & BAZAIRE P.A.

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

1915 Manatee Ave W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

4-5-11

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
MEMBER	BRENDA BOYD MAY	2200 MANATEE AVE	BRADENTON, FL 34205
MEMBER	GREGG A. GUINTA	217 22ND ST. WEST	BRADENTON, FL 34205

L. SELLERS

APR 12 2011

REINSTATEMENT 09-11

EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

3/22/11

Daytime Phone #

941-932-2158

Typed or printed name of signing Managing Member/Manager