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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 20 AM 9:15

TALLAHASSEE, FLORIDA

100138164821

11/21/08--01006--003 **402.50

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

Bailey Point Condominiums, LLC

07

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

2618 Centennial Place

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32308

Country

USA

3. Mailing Office Address

2618 Centennial Place

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32308

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida May22, 2006

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

Albert T. Gimbel

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

2618 Centennial Place

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☐ 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

AT Gimbel

REGISTERED AGENT MUST SIGN

Date 11/10/08

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
MGRM	Byron A. Scott	2618 Centennial Place	Tallahassee, Florida 32308

REINSTATEMENT 2007-2008

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

Byron Scott

Date 11/10/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

BYRON SCOTT