

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000105100

1. Entity Name
NORTH BAY VILLAGE REALTY, LLC



FILED
08 JUN 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
960-41ST ST, #212
MIAMI BEACH, FL 33140

Mailing Address
960-41ST ST, #212
MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #
1876 79ST CAUSEWAY
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



06252008 REIN-LLC CR2E101 (1/07)

City & State
NORTH BAY VILLAGE
Zip 33141 USA

City & State
City
Zip
Country

4. FEI Number
743193346
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, NESTOR
960-41ST ST, #212
MIAMI BEACH, FL 33140

07

7. Name and Address of New Registered Agent

Name JEANNETTE FACIOLINE
Street Address (P.O. Box Number is Not Acceptable)
1876 79 STREET CAUSEWAY
City NORTH BAY VILLAGE FL Zip Code 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JEANNETTE FACIOLINE MK JUNE 25 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, NESTOR 960-41ST ST, #212 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEANNETTE FACIOLINE 1876 79 STREET CAUSEWAY NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000132104300 07/03/08--01003--019 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007-2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEANNETTE FACIOLINE JUNE 25 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #