

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2014**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 DEC 30 AM 8:54

**DOCUMENT #**

1. Limited Liability Company's Name

*SOUTH BAY HOUSE, LLC  
(L1000001371)*

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

*9 NW AVE D*  
Suite, Apt. #, etc.

3. Mailing Office Address

*9 NW AVE D*  
Suite, Apt. #, etc.

City & State

*BELLEGLADE, FL*

City & State

*BELLEGLADE, FL*

Zip  
*33430*

Country

*USA*

Zip

*33430*

Country

*USA*

4. State/Country of Formation

*FLORIDA*

5. Date Organized or Qualified To Do Business in Florida

*01/05/2010*

6. FEI Number

*275343986*

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

*LAURA V. GRIFFIN*

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

*9 N.W. AVE D*

Suite, Apt. #, Etc.

City

*BELLEGLADE*

State

*FL*

Zip Code

*33430*

*100267848911  
12/30/14--01032--008 \*\*238.75*

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*Laura V. Griffin*

Date *12-29-2014*

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<i>MGRM</i>	<i>LAURA V. GRIFFIN</i>	<i>9 NW AVE D</i>	<i>BELLEGLADE, FL 33430</i>
<i>MGR</i>	<i>JOHN B. GRIFFIN</i>	<i>9 NW AVE D</i>	<i>BELLEGLADE, FL 33430</i>
<i>AUTH. REP.</i>	<i>ANDREW HELGESEN</i>	<i>11300 ROUTE 201 FARMERS RD. #201</i>	<i>PALM BEACH GARDENS FL 33410</i>

11. E-mail Address:

*Laura.jean.19@gmail.com*

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Andrew Helgesen*

Date *12-29-14*

Daytime Phone #

*561 622 7755*

Typed or printed name of signing Authorized Representative/Manager

*ANDREW HELGESEN, AUTH. REP.*