

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 OCT 21 AM 11:07

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # **L10000085313**

1. Limited Liability Company's Name  
**Bayside Landing LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
**235 Apollo Beach Blvd**

Suite, Apt. #, etc.  
**Suite 150**

City & State  
**Apollo Beach**

Zip  
**33572**

Country  
**Hillsborough**

3. Mailing Office Address  
**235 Apollo Beach Blvd**

Suite, Apt. #, etc.  
**Suite 150**

City & State  
**Apollo Beach**

Zip  
**33572**

Country  
**Hillsborough**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida  
**08/15/2010**

6. FEI Number  
**273386894**

☐ 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  
**Stephanie Law**

Street Address (P.O. Box Number is Not Acceptable)  
**5712 Sea Turtle Place**

Suite, Apt. #, Etc.

City  
**Apollo Beach**

State  
**FL**

Zip Code  
**33572**

**800264914338**  
**10/01/14--01031--012 \*\*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

REGISTERED AGENT MUST SIGN

Date

**9/30/14**

**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
MGR	Stephanie Law	5712 Sea Turtle Place	Apollo Beach, FL 33572
MGR	Jasper Law	5712 Sea Turtle Place	Apollo Beach, FL 33572
			<b>S. HAWKES</b>
			<b>OCT 02 A.M.</b>
			<b>EXAMINER</b>
	<b>REINSTATEMENT</b> <b>2014</b>		

11. E-mail Address: **stephy law@yahoo.com**

**Stephy Law@yahoo.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

Date

**9/30/14**

Daytime Phone # **813-645-8899**

Typed or printed name of signing Authorized Representative/Manager **Stephanie Law**