Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
BAY POINT REAL ESTATE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$238.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L11000136727

1. Limited Liability Company's Name
Bay Point Real Estate Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
252 Bay Point	PO Box 18128
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Fairfield, OH
Zip: 34103-4018 Country: United Staes	Zip: 45018-0128 Country: United StatesCT Cor

4. State/Country of Formation: FL United States

5. Date Organized or Qualified To Do Business in Florida: 12/5/2011

6. FEI Number: 45-3971008 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Kristin Bolden Kristin Bolden Assistant Secretary Date: 12/17/2014

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
Mgr	Scott C. Grevey	252 Bay Point	Naples, FL 34103-4018

11. E-mail Address: scottcg@fuse.net
(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 605, 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: Scott C. Grevey Date: 12/15/2014 Daytime Phone #: 513-858-6900

Typed or printed name of signing Authorized Representative/Manager: Scott C. Grevey, MD

DEC 18 2014
M. WILLIAMS