

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000082576

1. Limited Liability Company's Name

Bay Quality Works

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

5831 8th Ave. N.

Suite, Apt. #, etc.

105

City & State

Saint Petersburg

Zip

33710

Country

USA

8. Name and Address of Current Registered Agent

Name

Marco Zarate

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

5831 8th Ave. N.

Apt. #, Etc.

105

City

Saint Petersburg

State

FL

Zip Code

33710

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/12/2012

6. FEI Number

455552422

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

CR2E041 (1/14)

400278770974

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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

Marco Zarate
REGISTERED AGENT MUST SIGN

Date 10/30/2015

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

REINSTATEMENT

2013-2015

11. E-mail Address marcozarate92@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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Marco Zarate

Date 10/30/2015

Daytime Phone #

727-280-3740

Typed or printed name of signing authorized representative/member