

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 20 AM 10: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address  
of Limited Liability Company

DOCUMENT # 05000000216

BAY POINTE YACHT & RACQUET CLUB  
DEVELOPMENT, L.C.

6075 SW 72 STREET - #4  
MIAMI, FL 33143

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address

16120 BAY POINTE BLVD, NE  
N. FT. MEYERS, FL 33917

2 Mailing Address

2a. Principal Place of Business

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3/3/95

FLORIDA

City & State

City & State

4. FEI Number

05-0577012

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$0.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

REYNALDO F. MAYOR  
6075 SW 72 STREET - #4  
MIAMI, FL 33143

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

3/18/97

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

REYNALDO F. MAYOR

6075 SW 72 STREET - #4

MIAMI, FL 33143

CHRISTIAN WEBER

6075 SW 72 STREET - #4

MIAMI, FL 33143

**REINSTATEMENT**

9/10/97

3/20/97

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

Date

3/18/97

Daytime Phone

(305) 663-5770

Typed or printed name of signing Managing Member/Manager

REYNALDO F. MAYOR