

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

1. Limited Liability Company's Name

L95-216

Bay Pointe Yacht & Racquet Club
Development, LC

2. Principal Office Address

6075 Sunset Dr

Suite, Apt. #, etc.

#400

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

6075 Sunset Dr 1

Suite, Apt. #, etc.

#400

City & State

MIAMI, FL

Zip

33143

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

3/3/95

6. FEI Number

650577012

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

Reynaldo Mayor

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

6075 Sunset Dr #400

Suite, Apt. #, Etc.

\$

City

MIAMI

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date 10/25/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRR	Reynaldo Mayor	6075 Sunset Dr #400	MIAMI, FL 33143
MEM	Christian Weber	6075 Sunset Dr #400	MIAMI, FL 33143

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 10/25/00 Daytime Phone (305) 663-5770

Typed or printed name of signing Managing Member/Manager

CR2ED01 (9/99)