

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 APR 17 PM 12:19

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04/17/13--01011--011 \*\*1076.25  
CR2E041 (1/11)

DOCUMENT # L96000000183

1. Limited Liability Company's Name

Baywest Holdings, L.C.

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

2001 S. Surf Road

Suite, Apt. #, etc.

Apt. 7-D

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

5332 Highway #7

Suite, Apt. #, etc.

2nd Floor

City & State

Woodbridge, Ontario

Zip

L4L 1T3

Country

Canada

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

2/14/96

6. FEI Number

98-0164939

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

Howard Todd Jaffe

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

2001 S. Surf Road

Suite, Apt. #, Etc.

Apt. 3-D

City

Hollywood

State

FL

Zip Code

33019

E-mail Address:

howardjaffe@bellsouth.net

(To be used for future annual report notices)

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

*Howard Todd Jaffe*  
REGISTERED AGENT MUST SIGN

Date

4/3/13

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
MGRM	Samuel Frustaglio	5332 Highway #7	Woodbridge, Ontario L4L 1T3 Canada
MGRM	Rose Frustaglio	5332 Highway #7	Woodbridge, Ontario L4L 1T3 Canada
	APR 18 2013	REINSTATEMENT	OS-13
	T. SCOTT		

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. 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 Managing  
Member/Manager

*Samuel Frustaglio*

Date

4/3/13

Daytime Phone #

(905) 850-78500

Typed or printed name of signing Managing Member/Manager Samuel Frustaglio