

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L9600000421**

1. Limited Liability Company's Name

**BASS RIVER INVESTMENT TRUST,
LLC**

800174682758
04/06/10--01032--028 **1215.00
CR2E041 (11/09)

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

5138 LA MANCHA

Suite, Apt. #, etc.

COURT

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. BOX

City & State

ORLANDO, FLORIDA

City & State

WINTER PARK, FL

Zip

32822

Country

USA

Zip

32790

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/8/96

FBI Number

65-0761372

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

CRAIG D. STARKEY

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

5138 LA MANCHA COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Craig D. Starkey
REGISTERED AGENT MUST SIGN

Date **April 5, 2010**

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
MGR	LOUISA H. STARKEY	5138 LA MANCHA COURT	ORLANDO, FL
			32822

11. E-mail Address: **CSTA@COMCAST.NET**

(To be used for future annual report notifications)

12. 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

Louisa H. Starkey

Date **4/5/2010**

Daytime Phone #

508-394-2060

Typed or printed name of signing Managing Member/Manager

LOUISA H. STARKEY