

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JAN 29 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000005128

1. Limited Liability Company's Name
Bay Breeze Turf, L.L.C.

REINSTATEMENT

2000-
2001

2. Principal Office Address
3033 Cockroach Bay Rd.

3. Mailing Office Address
316 Bartow Municipal Arprt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ruskin, FL

City & State
Bartow, FL 33830

Zip
33570

Country
USA

Zip
33830

Country
USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 8/13/99

6. FEI Number 3594359

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
Evin Netzer, Esq.

Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Blvd.

Suite, Apt. #, Etc.
Suite 3200

City
Tampa

State FL **Zip Code** 33602

400003634394-1
-02/06/01-01010-005
****205.00 ****205.00

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 1/25/01

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	BOBBY REHBERG	3033 COCKROACH BAY RD.	RUSKIN, FL 33570
MGR	JASON MCCOY	4366 E. KINSEY RD.	AVON PARK, FL 33825

JB
1-29-01

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**

Bobby E. Rehberg
BOBBY REHBERG

Date 1/25/01

Daytime Phone # (863) 559-9401

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)