

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -5 AM 10:13

DOCUMENT #

L99-6500

1. Limited Liability Company's Name

NORTH BAY DRIVE, LLC

9/29/00

2. Principal Office Address

16387 ERIE PL.

Suite, Apt. #, etc.

3. Mailing Office Address

16387 ERIE PL.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33331

Country

BARBADOS

Zip

33331

Country

BARBADOS

4. State/Country of Formation

MIAMI-DADE

5. Date Organized or Qualified  
To Do Business in Florida

10/8/99

6. FEI Number

262807370

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

DOUGLAS KNISKERN

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

16387 ERIE PLACE

Suite, Apt. #, Etc.

City

DAVIE, FL

State  
FL

Zip Code

33331

600003676676--8

-02/13/01--01060--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

50.00  
Back

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/26/00

**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
MEM	DOUGLAS KNISKERN	16387 ERIE PLACE	DAVIE, FL 33331 / 600003676676--8 -02/13/01--01060--005 *****100.00 *****100.00 VQ
			600003676676--8 -02/13/01--01060--006 *****50.00 *****50.00

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

*[Signature]*

Date

2/26/00

Daytime Phone #

305 537-8400

Typed or printed name of signing Managing Member/Manager