(2/03)

## ▲ Tear Here ▲ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FÓR REINSTATEMENT



L99000007794

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State **DIVISION OF CORPORATIONS** 

FILED

) Daytime Phone # 305 P66 4744

2003 NOV 17 AM 8: 56

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

1. DOCUMENT # Name and Mailing Address

> 0006258 01 AT 0.292 \*\*AUTO T4 0 0615 33140-261500 հովհավեսովենովեսանեննումնենվերոներունել **BISCAYNE BAY PARTNERS, LLC** 700 W. 51 STREET MIAMI BEACH FL 33140-2615

2. New Mailing Address 4. State/Country of Formation Avenue - Ste. 1000 630 Third FL City State, Zi 5 Date Organized or Qualified NN 10017 11/12/1999 To Do Business in Florida lork. New Principal Place of Business Applied For 6. FEI Number 3. New Principal Place of Business Address 700 W. 51 STREET 65-1019122 Not Applicable MIAMI BEACH FL 33140 City, State, Zip 7. \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PARAUD TELIPE MARINI, RONALD A ESQ¢ 2 S. BISCAYNE BLVD Street Ad (P.O. **MIAMI FL 33131** City Miani Beach *҉ส31 ั*40 10. I, being appointed the tister a gent of the above ramed limited liability company, am familiar with and accept the obligations of Chapter 608/F.S. Signature of CHE HEQUIRED **Registered Agent** REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Members/Managers Street Address of Each Managing Member/Manager Title(s) City / State / Zip MGR MANNING, TARA L -0588-00LL1N3 FL 33141 H 33140 700  $\omega$ . Miani Beach-000024760180 .417.493--01089--016--\*\*155.00

> REINSTATEMENT Q003

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.

Managing Member/Manage



Signature of