PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

01 OCT -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M00000000327

Limited Liability Company's Name
Bay Villas, LLC

REINSTATEMENT 2000 2001

Principal Office Address		Mailing Office Address	
60 Fostertown Road		60 Fostertown Road	
Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Medford, NJ		City & State: Medford, NJ	
08055	Country: USA	Zip: 08055	Country: USA

4. State/Country of Formation: NJ

5. Date Organized or Qualified To Do Business In Florida: 2-17-200

6. FEI Number: 22-3707578 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan Date: 10/8/01
REGISTERED AGENT MUST SIGN

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	Lowell P. Cave	60 Fostertown Road	Medford, NJ 08055
			100004628631--5 -10/09/01--01044--005 ****155.00 ****155.00

10-08-01

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: X [signature] Date: 10/8/01 Daytime Phone #: 609-261-7880

Typed or printed name of signing Managing Member/Manager: Lowell Cave, MGR