M02000002212

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 11 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002212

1. Limited Liability Company's Name

SHOPS OF BAYTREE, LLC

03

BK

2. Principal Office Address	3. Mailing Office Address
4270 Morse Road	4270 Morse Road
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Columbus, OH	City & State Columbus, OH
Zip 43230 Country USA	Zip 43230 Country USA

4. State/Country of Formation OH/USA

5. Date Organized or Qualified To Do Business in Florida 08/21/02

6. FEI Number 72-1532992 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: N/A

City: Tallahassee State: FL Zip Code: 32301

200019065042

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 _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	B. Lee Skilken	4270 Morse Road	Columbus, OH 43230
MGRM	Kenneth B. Gold	4270 Morse Road	Columbus, OH 43230
MGRM	Frank R. Petruziello	4270 Morse Road	Columbus, OH 43230
	REINSTATEMENT 2003-2004		
	BK		

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 B. Lee Skilken Date 05/10/04 Daytime Phone # 614/418-3100

Typed or printed name of signing Managing Member/Manager B. Lee Skilken

M02000002212

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 637024 5051593

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

FILED
04 MAY 11 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 11, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 637024-005

CUSTOMER NO: 5051593

CUSTOMER: Audra Cordell
Skilken Properties
4270 Morse Road

Columbus,, OH 43230

REINSTATEMENT

NAME: SHOPS OF BAYTREE, LLC

RECEIVED
04 MAY 11 PM 12:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____