

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 20 PM 1:35

DOCUMENT # M04000004843

1. Entity Name  
BAYVIEW LOAN ACQUISITION COMPANY, LLC



Principal Place of Business  
4425 PONCE DE LEON BLVD, 4TH FL  
CORAL GABLES, FL 33145

Mailing Address  
4425 PONCE DE LEON BLVD, 4TH FL  
CORAL GABLES, FL 33145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
51-0527553

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOMSTEIN, BRIAN E  
4425 PONCE DE LEON BOULEVARD 4TH FLOOR  
CORAL GABLES, FL 33146

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME QRINT, DAVID  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME 200119011942  
STREET ADDRESS 02/28/08--01007--014 \*\*377.50  
CITY-ST-ZIP

TITLE MGRP ☐ Delete  
NAME ERTEL, DAVID  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BAYVIEW FINANCIAL PROPERTY TRUST II  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP ☐ Delete  
NAME BOMSTEIN, BRIAN E  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☒ Change ☐ Addition  
NAME S/SV  
STREET ADDRESS BomSTEIN, BRIAN E.  
CITY-ST-ZIP 4425 Ponce de Leon Blvd, 4th Fl.  
CORAL Gables, FL 33146

TITLE SVPT ☐ Delete  
NAME WEGNER, ROBERT A  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATSV ☐ Delete  
NAME FISCHER, JOHN  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGR

Date

Daytime Phone #

DAVID QRINT

1/14/08

305-854-8880

REINSTATEMENT 2007-08

2572

10. BAYVIEW LOAN ACQUISITION COMPANY, LLC  
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TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLASSMAN, MARK.		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, JOHN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARRIGAN, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	AV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, KAREN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		