

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 3:57

DOCUMENT # M04000005182

1. Limited Liability Company's Name

Dolphin Bay, LLC

700129801507
05/19/08--01022--021 **546.25
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

5250 Virginia Way

Suite, Apt. #, etc.

Suite 100

City & State

Brentwood TN

Zip

37027

Country

Williamson

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Nevada

5. Date Organized or Qualified
To Do Business in Florida

11/22/04

6. FEI Number

201507635

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

JOSEPH M. SNEYD JR P.A.

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

979 Hwy 98 EAST,

Suite, Apt. #, Etc.

Suite B-1

City

DESMOIS

State

FL

Zip Code

32541

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

5/12/08

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	Robert W. Lowe Jr.	5250 Virginia Way Ste 100	Brentwood, TN 37027

REINSTATEMENT

06-08

[Signature]

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

4/28/08

Daytime Phone #

615 301 2910

Typed or printed name of signing Managing Member/Manager

Robert W. Lowe, Jr.