

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -3 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M05000001550

1. Limited Liability Company's Name

Magnolia Bay LLC

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

8590 Magnolia Bay Lane
Suite, Apt. #, etc.

3. Mailing Office Address

7507 Ravens Nest Ct
Suite, Apt. #, etc.

City & State

Destin Florida

City & State

Columbus, Ohio

Zip

32550

Country

USA

Zip

43235

Country

USA

4. State/Country of Formation

Ohio / USA

5. Date Organized or Qualified To Do Business in Florida

3-23-2005

6. FEI Number

20 2424829

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

Wendy Meaney

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

8590 Magnolia Bay Lane

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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

Wendy W. Meaney
REGISTERED AGENT MUST SIGN

Date 1-27-09

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
<u>Pres.</u>	<u>Wendy Meaney</u>	<u>7507 Ravens Nest Ct</u>	<u>Columbus, Ohio 43235</u>
	L. SELLERS		
	EXAMINER		

REINSTATEMENT 06-09

FEB - 4 2009

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02/03/09--01013--008 **560.00

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

Wendy W. Meaney

Date 1-27-09

Daytime Phone#

614 208-6676

Typed or printed name of signing Managing Member/Manager

Wendy W. Meaney