

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

CLERK OF THE CLERK  
TALLAHASSEE FLORIDA

DOCUMENT # MO5000001550

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>
	<b>L. SELLERS</b>	<b>REINSTATEMENT</b>	<b>06-09</b>
	<b>FEB - 4 2009</b>	<b>800142710458</b>	<b>02/03/09--01013--008 **560.00</b>
	<b>EXAMINER</b>		

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