

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000005794

1. Limited Liability Company's Name

GS Bayview, LLC

100338955731

CR2E041 (1/14)

20 JAN - 8 AM '17

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

465 Meeting Street

3. Mailing Office Address

Same

4. State/Country of Formation

DE

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

5. Date Organized or Qualified
To Do Business in Florida
12/29/2010

City & State

Charleston, SC

City & State

6. FEI Number

27-4406677

Applied For

Not Applicable

Zip

29403

Country

USA

Zip

Country

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Stephanie Boehm, Assistant Secretary

Date 01/07/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	GS Bayview Holdings, LLC	465 Meeting St., Ste 500	Charleston, SC 29403

JAN 08 2020

11. E-mail Address: sedge@greyvstar.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12/17/19

Daytime Phone # 843-576-0651

Typed or printed name of signing Authorized Representative/Manager A. Joshua Carper, Vice President of the Manager, GS Bayview Holdings, LLC

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 1/7/2020

Acc#120160000072

en: c 2/11

Name:	GS Bayview, LLC
Document #:	
Order #:	12483435

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 238.75

Thank you!