

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000606	
1. Entity Name LIME BAY MANAGEMENT GROUP, INC.	



FILED

05 NOV 14 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9190 LIME BAY BOULEVARD TAMARAC, FL 33321	Mailing Address 10034 WEST MCNAB ROAD TAMARAC, FL 33321
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10052005 REIN-NP CR2E099 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BAKALAR, BROUGH & CHADROW, P.A. 150 SOUTH PINE ISLAND ROAD 540 PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name BROUGH, CHADROW & LEVINE, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1900 NORTH COMMERCE BLVD	
City WESTON	FL Zip Code 33331

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 <i>[Signature]</i>	DATE 11/7/15

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME DALEY, WILLIAM	<input checked="" type="checkbox"/> Delete		TITLE P	NAME RIOS, PETER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9070 LIME BAY BLVD, #311				STREET ADDRESS 9150 LIME BAY BLVD #207			
CITY-ST-ZIP TAMARAC, FL 33321				CITY-ST-ZIP TAMARAC, FL 33321			
TITLE VP	NAME RIOS, PETER	<input type="checkbox"/> Delete		TITLE VP	NAME GERALD KAYE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 9150 LIME BAY BLVD, #207				STREET ADDRESS 9070 LIME BAY BLVD #105			
CITY-ST-ZIP TAMARAC, FL 33321				CITY-ST-ZIP TAMARAC, FL 33321			
TITLE TREA	NAME MACK, JOSEPH	<input checked="" type="checkbox"/> Delete		TITLE TREA	NAME KATL MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 9201 LIME BAY BLVD., #307				STREET ADDRESS 9100 LIME BAY BLVD #21V			
CITY-ST-ZIP TAMARAC, FL 33321				CITY-ST-ZIP TAMARAC, FL 33321			
TITLE SEC	NAME BEDOR, ANNETTE	<input checked="" type="checkbox"/> Delete		TITLE SEC	NAME MARKOW, FAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 9330 LIME BAY BLVD. #303				STREET ADDRESS 7201 LIME BAY BLVD # 107			
CITY-ST-ZIP TAMARAC, FL 33321				CITY-ST-ZIP TAMARAC, FL 33321			
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete		TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP			
REINSTATEMENT				100060581181 10/13/05--01054--006 **\$61.25			
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete		TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE <i>[Signature]</i>	DATE 954-722-8600