


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 12 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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08/11/08--01049--007 \*\*377.50

CR2E041 (12/07)

**DOCUMENT # L03000019974**

1. Limited Liability Company's Name  
**GULF WATERS RV RESORT, LLC**

2. Principal Office Address - No P.O. Box # 6862 Griffin Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 6862 Griffin Blvd. Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33908	Country USA	Zip 33908	Country USA

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
06/03/2003

6. FEI Number  
200200063

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

Applied For  
Not Applicable

8. Name and Address of Current Registered Agent

Name  
**Wilbur A. Lettinga**

Street Address (P.O. Box Number is Not Acceptable)  
6862 Griffin Blvd.

Suite, Apt. #, Etc.


City  
Ft. Myers

State  
**FL**

Zip Code  
33908

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  Date 8/4/08

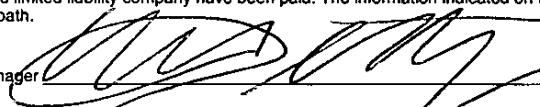
REGISTERED AGENT MUST SIGN

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
MGRM	Wilbur A. Lettinga	6862 Griffin Blvd.	Ft. Myers, FL 33908

REINSTATEMENT 07, 08

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  Date 8/4/08 Daytime Phone # (616) 871-7300

Typed or printed name of signing Managing Member/Manager Wilbur A. Lettinga