

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUN -6 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000038651

1. Limited Liability Company's Name
White Sand Properties, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>12601 Mastique Beach Blvd.</u>		3. Mailing Office Address <u>12601 Mastique Beach Blvd</u>	
Suite, Apt. #, etc. <u>1804</u>		Suite, Apt. #, etc. <u>1804</u>	
City & State <u>Ft Myers, FL</u>		City & State <u>Ft Myers FL</u>	
Zip <u>33908</u>	Country <u>Lee</u>	Zip <u>33908</u>	Country <u>Lee</u>

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>10/09/2003</u>	
6. FEI Number <u>200296062</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Sheila Finn-Bouchard</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>12601 Mastique Beach Blvd.</u>			
Suite, Apt. #, Etc. <u>Unit 1804</u>			
City <u>Ft Myers</u>	State <u>FL</u>	Zip Code <u>33908</u>	

E-mail Address:
400207950644
05/20/11--01045--001 **793.75
Sheilafinn@aol.com
(To be used for future annual report notices)

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 Sheila Finn-Bouchard Date May 13, 2011
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
MGR	Sheila Finn-Bouchard, Trustee	12601 Mastique Beach Blvd., Unit 1804	Ft. Myers, FL 33908

REINSTATEMENT
07-11
J. SAULSBERRY
EXAMINER
JUN 8 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Sheila Finn-Bouchard Date 05/13/11 Daytime Phone # 339-565-0372
Typed or printed name of signing Managing Member/Manager _____