Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GARTNER BROCK & SIMON
Account Number : I19990000204
Phone : (904)399-0870
Fax Number : (904)399-1113

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mike@atlantafinehomes.com

LIMITED LIABILITY REINSTATEMENT
LIFESTYLES, REALTORS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$382.50

Electronic Filing Menu Corporate Filing Menu Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 DEC -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L03000057266

1. Limited Liability Company's Name:

LIFESTYLES REALTORS, LLC

2. Principal Office Address - No P.O. Box
1400 Marsh Landing Pkwy
Suite, Apt. #, etc.: 112
City & State: Jacksonville Beach, FL
Zip: 32250 County: Duval

3. Mailing Office Address
1400 Marsh Landing Pkwy
Suite, Apt. #, etc.: 112
City & State: Jacksonville Beach, FL
Zip: 32250 County: Duval

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
12/31/2003

6. FEI Number
200914113
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]
$30.00 Certificate Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Michael W. Bugg
Street Address (P.O. Box Number is Not Acceptable)
1400 Marsh Landing Parkway
Suite, Apt. # (if any)
112
City: Jacksonville Beach
State: FL
Zip Code: 32250

☐ 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 (we) is (are) appointed the registered agent of the above named limited liability company. I am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Michael W. Bugg
REGISTERED AGENT MUST SIGN
Date: 12/4/2009

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	Michael W. Bugg	1400 Marsh Landing Pkwy	Jacksonville Beach 32250

REINSTATEMENT 08-09

11. E-mail Address: mike@lifestyleshomes.com
(To be used for future annual report notification)

12. I (we) certify that I (we) am (are) managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I (we) 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 608.508, 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: Michael W. Bugg
Date: 12/4/2009
Daytime Phone #: 404-694-5684

Typed or printed name of signing Managing Member/Manager:

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TRANSMISSION VERIFICATION REPORT

TIME : 12/04/2009 12:22
NAME : GARTNER BROCK SIMON
FAX : 9043991113
TEL : 9043990870
SER.# : BROF5J287901

DATE,TIME	12/04 12:21
FAX NO./NAME	18506176383
DURATION	00:01:03
PAGE(S)	02
RESULT	OK
CHECK READABILITY OF TRANSMITTED PAGE(S)	02
MODE	STANDARD

Division of Corporations

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[redacted]

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