

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

DOCUMENT #

1. Limited Liability Company's Name

m99/764

RIVERSIDE, LLC
HOMOSASSA RIVERSIDE RESORT, LLC

2. Principal Office Address

3. Mailing Office Address

5297 S. CHEROKEE WAY

Suite, Apt. #: etc.

Suite, Apt. #: etc.

HOMOSASSA

City & State

City & State

FL

Zip

Country

Zip

Country

34448

U.S.A.

4. State/Country of Formation

IN, MONROE

5. Date Organized or Qualified
To Do Business in Florida

4-9-99

6. FEI Number

35-2075532

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GAIL G. OAKES

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

5297 S. CHEROKEE WAY

Suite, Apt. #: Etc.

HOMOSASSA, FL 34448

City

State
FL

Zip Code

34448

100003454921-1

11/07/00-01056-015

***150.00 ***150.00

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

Gail G. Oakes

Date 10/18/00

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
MEM	GAIL G. OAKES	11130 W HALLS RIVER RD	HOMOSASSA, FL 34448
MEM	RONALD L. HOOKER	3379 DELLWOOD ROAD	WAYNESVILLE, NC 28786
MEM	DONALD COLLIER	P.O. BOX 744	Bloomington, IN

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

Gail G. Oakes

Date 10/18/00

Daytime Phone # 352-628-2474

Typed or printed name of signing Managing Member/Manager

GAIL G. OAKES

CR2E041 (9/99)