PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -6 AM 8:27

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1. Limited Liability Company's Name
209 TEQUESTA DRIVE PROPERTIES, L.L.C.

2. Principal Office Address	3. Mailing Office Address
209 Tequesta Drive	P.O. Box 3448
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tequesta, FL	Tequesta, FL
Zip 33469 Country USA	Zip 33469 Country USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 12-10-1999

6. FEI Number: 45-46-3449 ☐ 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: JOHN M. ZUCCARELLI, III

Street Address (P.O. Box Number is Not Acceptable): 104 LIGHTHOUSE DR

Suite, Apt. #, Etc.:

City: JUPITER INLET COLONY State: FL Zip Code: 33469

CR2E041 (9/01)

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 4-28-02

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	JOHN M. ZUCARELLI, III	104 LIGHTHOUSE DRIVE	JUPITER INLET COLONY FL 33469
			2001-2002
		REINSTATEMENT	

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 4-28-02 Daytime Phone # 561 748-8883

Typed or printed name of signing Managing Member/Manager John M. Zuccarelli, III