
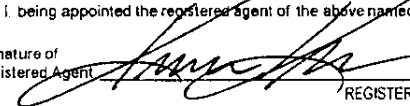
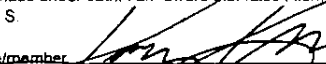


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2015 OCT 29 PM 2:03

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
<b>DOCUMENT #</b> 1 Limited Liability Company's Name 91941 Tavernier, LLC																																					
2 Principal Office Address - No P.O. Box # 214 Brazilian Avenue Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480 Country Palm Beach		3 Mailing Office Address 214 Brazilian Avenue Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480 Country Palm Beach		CR2E041 (1/14) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida August 17, 2012 6. FEI Number 46-1162675 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status																																	
8. Name and Address of Current Registered Agent Name Kevin M. Kilcullen Street Address (P.O. Box Number is Not Acceptable) Suite 214 Brazilian Avenue Apt. #, Etc. Suite 200 City Palm Beach State FL Zip Code 33480				500278610335																																	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 10/28/2015 REGISTERED AGENT MUST SIGN																																					
10. Names and Street Addresses of Authorized Representatives/Managers																																					
<table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representatives/Managers</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td></td><td>See Attached</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		See Attached																										
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip																																		
	See Attached																																				
11 E-mail Address: kkilcullen@sgkalw.com (To be used for future annual report notifications)																																					
12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date 10/28/2015 Daytime Phone # 973-535-1900 Typed or printed name of signing authorized representative/member																																					

OCT 29 2015

**Limited Liability Company Reinstatement**  
**91941 Tavernier, LLC**

<b>MGR</b>	<b>Kevin M. Kilcullen, Co-Trustee Rene Mount, Co-Trustee Heather Mount, Co-Trustee</b>	<b>214 Brazilian Avenue Suite 200</b>	<b>Palm Beach, FL 33480</b>
<b>AR</b>	<b>Estate of Ronald J. Mount c/o Joseph D. Stewart</b>	<b>2671 Airport Pulling Rd. S</b>	<b>Naples, FL 34112</b>
<b>AR</b>	<b>Rene Mount</b>	<b>2410 Leafshine Lane</b>	<b>Naples, FL 34119</b>

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 851913 7247594

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 28, 2015

ORDER TIME : 3:20 PM

ORDER NO. : 851913-005

CUSTOMER NO: 7247594

DOMESTIC FILINGS

NAME: 91941 TAVERNIER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 OCT 28 PM 4:28