

A23595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

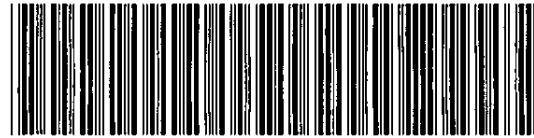
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 20 2014

T CLINE



CORPORATION SERVICE COMPANY

Don't Seperate

ACCOUNT NO. : I20000000195

REFERENCE : 263100 7213712

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 105.00

ORDER DATE : August 19, 2014

FILE THIRD

ORDER TIME : 3:18 PM

ORDER NO. : 263100-015

CUSTOMER NO: 7213712

REVOCATION OF DISSOLUTION

NAME: WEST WIND ASSOCIATES OF
SANIBEL, LTD

EFFECTIVE DATE:

XX CERTIFICATE OF REVOCATION OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR

West Wind Associates of Sanibel, LTD
Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

John G. Brummer _____
John G. Brummer _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75

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TALLAHASSEE, FLORIDA

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