

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L00000000646

Name and Mailing Address

0010687 01 AT 0.292 **AUTO T9 0 0615 34228-324180



JAGUAR REALTY LLC
2105 GULF OF MEXICO, UNIT 3105
LONG BOAT KEY FL 34228-3241



2. New Mailing Address

City, State, Zip

Principal Place of Business

2105 GULF OF MEXICO, UNIT 3105
LONG BOAT KEY FL 34228

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/02/2000

6. FEI Number

65-0987670

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

ARCARA, JAMES
2105 GULF OF MEXICO #3105
LONGBOAT KEY FL 34228

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 300024588843

11/10/03-01086-015-#150.00

City

FL

Zip Code

10. 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

X *I am A. Arcara* **REQUIRED**

Date *X* 11/3/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ARCARD, JAMES	2105 GULF OF MEXICO, UNIT 3105	LONG BOAT KEY FL 34228
MGRM	ARCARA, DAVID	2105 GULF OF MEXICO 305	LONGBOAT KEY FL 34228

12. 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

X *Signature of James A. Arcara*

Date *X* 11/3/03

Daytime Phone # *X* 941-383-4349

Typed or printed name of signing Managing Member/Manager

X James A Arcara

CR2E034 (7/03)