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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L00000005471

Name and Mailing Address

0005086 01 AT 0.292 **AUTO T1 0 0615 33040-332813



TARPON ASSOCIATES OF MARATHON, LLC
% LINDA B. WHEELER, ESQ.
1213 WHITE STREET
KEY WEST FL 33040-3328



FILED

2004 JAN -6 PM 2:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2. New Mailing Address

P.O. Box 1146

City, State, Zip

Key West, FL 33041

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/12/2000

Principal Place of Business

% LINDA B. WHEELER, ESQ.
1213 WHITE STREET
KEY WEST FL 33040

3. New Principal Place of Business Address

221 Simonton Street

City, State, Zip

Key West, FL 33040

6. FEI Number

NOT APPLICABLE

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

WHEELER, LINDA B ESQ.
1213 WHITE STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

Stones, Adele V., Stones & Cardenas

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

221 Simonton Street

City
Key West

FL

Zip Code

33040

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

Adelle V. Stones
REGISTERED AGENT MUST SIGN

Date

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
MEM	KRUSE, ROBERT	P.O. Box 927	KEY WEST FL 33040
MEM	NICHOLS, JAMES	3707 W. MAPLE RD. P.O. Box 1146	01006 FIELDS HILLS MI 48891 Key West, FL 33041

500026035745
01/06/04--01003--006 **750.00

REINSTATEMENT

2003-04

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

SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)