PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000005525

1. Limited Liability Company's Name
Moccasin 75, LLC

2. Principal Office Address	3. Mailing Office Address
3599 Woodbridge Place	3599 Woodbridge Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, Florida	City & State: Palm Harbor, Florida
Zip: 34684-2435 Country: USA	Zip: 34684-2435 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 5/16/2000
6. FEI Number: ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: Bergoffen, Glenn
Street Address (P.O. Box Number is Not Acceptable): 3599 Woodbridge Place
Suite, Apt. #, Etc.
City: Palm Harbor State: FL Zip Code: 34684-2435

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 _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/s/Manager/s	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bergoffen, Glenn	3599 Woodridge Place	Palm Harbor, Florida 34684-2435
MGRM	Miller, Lawrence	670 Sandy Hook Road	Palm Harbor, Florida 34683
MGRM	Soble, James B.	2996 Sandpiper Place	Clearwater, Florida 33762
MGRM	Miller, Michelle	670 Sandy Hook Road	Palm Harbor, Florida 34683

REINSTATEMENT 02-06

11. I certify that I am a 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 the facts stated in this reinstatement application, the reason for dissolution had been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and 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 2-16-06 Daytime Phone # 813-814-5655

Typed or printed name of signing Managing Member/Manager GLENN BERGOFFEN