

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 19 PM 2:49

DOCUMENT # L 00000005932

1. Limited Liability Company's Name

Corrobelle Development LLC

2. Principal Office Address

260 Timber Island Rd PO 613 Corrobelle FL

Suite, Apt. #, etc.

PO 613

City & State

Corrobelle FL

Zip

32322

Country

3. Mailing Office Address

PO 613 Corrobelle FL

Suite, Apt. #, etc.

32322

City & State

Corrobelle FL

Zip

32322

Country

REINSTATEMENT

4. State/Country of Formation

FLA/Bay

5. Date Organized or Qualified To Do Business in Florida

5/23/00 ~~5/23/00~~

6. FEI Number

☒ 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

Name

Dell Schneider

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

260 Timber Island Rd.

Suite, Apt. #, Etc.

Corrobelle FL 32322

City

Corrobelle FL 32322

State

FL

Zip Code

32322

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

Dell Schneider

Date 12/19/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of Managing Members/Managers

Street Address of Each Managing Member/Manager

City / State / Zip

Mgr. Jerry Wallace Co manager

4958 Ocean view Dr.

Austin FL 32591

700009606287
12/19/02--01113--001 **150.00

Mgr. Dell Schneider

Co manager

PO 613

Corrobelle FL 32322

11. 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

Dell Schneider

Date 12/19/02 Daytime Phone # 850-697-8700

Typed or printed name of signing Managing Member/Manager

Dell Schneider

CR2E041 (9/01)