

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -5 AM 9:59

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L00000007997

 1. Limited Liability Company's Name
Breakwater Court, LC

2. Principal Office Address

8477 N. Upland Drive

Suite, Apt. #, etc.

City & State

Citrus Springs, FL

Zip

Country

34434

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida5. Date Organized or Qualified
To Do Business in Florida**7/3/2000**

6. FEI Number

65-1023752

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

Seglin, Stewart

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

11419 Little Bear Way

Suite, Apt. #, Etc.

City

Boca Raton

State

Zip Code

FL**33428**

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 AgentDate **3/2/2007**

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
MGRM	Lycke, John R.	8477 N. Upland Drive	Citrus Springs, FL 34434
MGRM	Lycke, Jane A.	8477 N. Upland Drive	Citrus Springs, FL 34434
			600091559166
			03/07/07--01035--024 **300.00
			REINSTATEMENT 04-07

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**X Jane A. Lycke**Date **3/2/2007** Daytime Phone # **561-483-6888**Typed or printed name of signing Managing Member/Manager **Jane A. Lycke**