

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 APR 18 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L0000.000 8186**

1. Limited Liability Company's Name
ZEPHYR GOLF ASSOCIATES, L.L.C.
39248 B Avenue
Zephyrhills, FL 33540

2. Principal Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/12/2000

6. FEI Number

59-3668687

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

RONALD E. PEREZ, Attorney

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

1211 W. Fletcher Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

REGISTERED AGENT MUST SIGN

Date

4-14-02

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	Robert E. Lakes	P.O. Box 901	Zephyrhills, FL 33539

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

Robert E. Lakes

Date 4/14/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Robert E. Lakes