

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162881672
11/17/09--01027--007 **416.25
CR2E041 (11/09)

DOCUMENT # L 0000000 8813

1. Limited Liability Company's Name

SUNCOAST 15750, LLC,

2. Principal Office Address - No P.O. Box #

15750 NEW HAMPSHIRE CT.
Suite, Apt. #, etc.

3. Mailing Office Address

15512 CALOOSA CREEK CIRCLE
Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33908

Country

USA

City & State

FORT MYERS FL

Zip

33908

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

July 18, 2000

6. FEI Number

27-1294681

☒ 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

JAMES C. LASSAUX

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

15512 CALOOSA CREEK CIRCLE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

James C. Lassaux
REGISTERED AGENT MUST SIGN

Date 11-12-2009

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	JAMES C. LASSAUX	15512 CALOOSA CREEK CIRCLE	FORT MYERS, FL 33908

11. E-mail Address: jim@lassaux.com

(To be used for future annual report notifications)

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

James C. Lassaux

Date 11-12-2009

Daytime Phone # 239-410-9847

Typed or printed name of signing Managing Member/Manager JAMES C. LASSAUX

November 12, 2009

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2009 NOV 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Division,

I have not received any notices and would not have known about the inactive status unless discovered by my bank.

I am enclosing \$416.²⁵, \$138.⁷⁵ for years 2007, 2008, and 2009. I am requesting that you waive the \$100 fee as I did not receive notices.

I have also included the new FEI number as when originally issued, my social security number was used.

Sincerely,

James C Lussant MGRM