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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00000010320

1. Limited Liability Company's Name

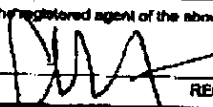
PINELAND MARINA, L.L.C.

REINSTATEMENT

2002-2003

2. Principal Office Address 2400 FIRST STREET		3. Mailing Office Address 2400 FIRST STREET		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200		5. Date Organized or Qualified To Do Business in Florida 08/28/2000	
City & State FORT MYERS, FL		City & State FORT MYERS, FL		6. FEI Number 65-1034815	
Zip 33901	Country U.S.A.	Zip 33901	Country U.S.A.	Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED ☒	

8. Name and Address of Current Registered Agent	
Name CHRISTOPHER P. JANSON	
Street Address (P.O. Box Number is Not Acceptable) 2400 FIRST STREET	
Suite, Apt. #, etc. SUITE 200	
City FORT MYERS	State FL Zip Code 33901

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 2/26/03
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHRISTOPHER P. JANSON	2400 FIRST ST., SUITE 200	FORT MYERS, FL 33901

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 608.408, 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 	DATE 2/26/03	Daytime Phone # (239) 344-0490
Typed or printed name of signing Managing Member/Manager CHRISTOPHER P. JANSON		

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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
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