							grand to the second sec	
PLEASE READ ALL INSTRUCTIONS BEFORE							TO 11 P.7 CO 020	
LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE							13 DEC 23 FM 4: 07	
COMPANY Secretary					ory of State		SECRETARY OF STATE TALLARASSEE TO	
DOCUMENT # L00000011951 t. Limsted Liability Company's Name VANDERBILT BEACH, L.L.C.						REINSTATEMEN		
				g Office Address		1	CR2E041 (1/11)	
Suite, Apt #, etc.			Same as #2 Suite, Apt. #. etc.			4. State/Cour	nty of Formation	
Guile,			1	· · · · · · · · · · · · · · · · · · ·		5. Date Orga	nized or Qualified invest in Florida OCTOBER 2, 2000	
City & State			City & State		6. FEI Numb			
Zip	ETROIT, MI		Zip Zip		Country	59-3674220		
48207		USA		ĺ	•••••	7. CERTIFICATI	E OF STATUS DESIRED \$5.00 Additional Fee required for a Continuary of Status	
6.		Name and Address	Current Register	ed Agent	<del></del>	<del> </del>		
CT CORP	NUMBER OF THE PROPERTY OF THE						E-mail Address:	
Street Address (P.O. Box Number Is Not Accoptable)						{		
1200 SOUTH PINE ISLAND ROAD Suite, Apr. 9, etc.						4		
						MICHEL	E.WALKER@SOAVE.COM	
PLANTATION					FL 33324	(To be	used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, an familiar with and Signature of Registered Agent Registered Agent						accept the ebigo	Oate 12/23/13	
REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers								
Tiuss		Name of			Street Address of Each		Chi. (Clab. 47)	
	Managing Members/ Managers			Managing Member/ Manager		ger	City / State / Zip	
MGRM	TRIDENT-KINSALE L.L.C.			3400 E. LAFAYETTE		TE 	DETROIT, MI 48207	
MGRM	TRIDENT-DUNES L.L.C.			3400 E. LAFAYETTE		TE	DETROIT, MI 48207	
	<del></del>			<del></del>				
	<u> </u>			<u></u>				
			_					
11. It certify that it am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 604, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been climinated, the limited fability company name satisfies the requirements of section 604,409, F.S., and that all fees owed by the limited flability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as it made under outh. I am aware that lates information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S.								
Signature of Managing  Member/Manager								
Typed or print	ted name of	sianina Managina Mambo	Manager SEE	ATTACH	ED SIGNATURE P	AGE FOR A	UTHORIZED SIGNERS	

## MEMBERS:

TRIDENT-KINSALE L.L.C.

By: Trident Holdings L.L.C.,

Sole Member

By: Trident Properties, Inc.

its: Manager

Property of Complete

Its: Secretary

TRIDENT-DUNES L.L.C.

By: Trident Properties, Inc.

Sole Member

Ones to Emple

Its: Secretary

Division of Corporations

Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000281306 3)))



H130002813063ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## VANDERBILT BEACH, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$238.75

Electronic Filing Menu

Corporate Filing Menu

Help