

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

DOCUMENT # L00000013336

1. Limited Liability Company's Name

Four Seasons Island Properties LLC

200004790732--2
-01/23/02--01031--003
****155.00 ****155.00

2. Principal Office Address

402 Centre St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2469

Suite, Apt. #, etc.

City & State

Fernandina Beach

City & State

Kitty Hawk, NC

Zip

32034

Country

Nassau

Zip

27949

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/31/00

6. FEI Number

56-2205372

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$30.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

A. Jeffrey Tomassetti

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

406 Ash St.

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

C. OTT 2469

Date

1/3/01

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
Mgr	First Coast Group, LLC	P.O. Box 2469	Kitty Hawk, NC 27949
			01. 50.00
			08. 50.00
			CNS 5.00
			O.P. 50.00

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

WILLIAM J. FIELDS

Date

12/19/01

Daytime Phone #

252-261-6171

Typed or printed name of signing Managing Member/Manager

WILLIAM J. FIELDS

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402 Centre Street
Amelia Island, FL 32034
Phone: 904-321-0544
Fax: 904-491-1921

Post Office Box 2469
3900 N. Croatan Hwy.
Kitty Hawk, NC 27949
Phone: 252-261-6171
Fax: 252-261-8405

December 19, 2001

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that we did not receive the notification of annual report as a result of the change of address. Consequently, we are requesting a waiver of the refilling fee and have included our check for \$150.00 plus \$8.75 for the certificate - \$158.75 total.

Thank you for your help in this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "E. Clinch Kavanaugh", is written over a horizontal line. Below the signature, the name "E. Clinch Kavanaugh" and the title "General Counsel" are printed in a serif font.

E. Clinch Kavanaugh
General Counsel