

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenza E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013621

Name and Mailing Address

0002469 01 AT 0.292 **AUTO T1 0 0615 32541-510741

FLORIDA INVESTMENT GROUP II, L.L.C.

151 REGIONS WAY

SUITE 4A

DESTIN FL 32541-5107

REINSTATEMENT



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business

151 REGIONS WAY
SUITE 4A
DESTIN FL 32541

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/06/2000

6. FEI Number

59-3678556

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

HUSTON, GARY W
125 WEST ROMANA STREET, SUITE 800
PENSACOLA FL 32502

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
32502

10. 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

Gary W. Houston
REGISTERED AGENT MUST SIGN

Date November 13, 2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TUFTS, ROBERT	46 PINE CREST DR	COVINGTON LA 70433

400024993054
11/24/03--01125--008 **150.00

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

SIGNATURE REQUIRED

Date

11/18/03

Daytime Phone #

985-869-6700

Typed or printed name of signing Managing Member/Manager