

9-26-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 14 AM 10:18

DOCUMENT # L00000015101

1. Limited Liability Company's Name

Corvus Development Interests LLC

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

336 S. Shore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

336 S. Shore Drive

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34234

Country

USA

Zip

34234

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/1/2000

6. FEI Number

65-1057408

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 Timothy J. Morris

Street Address (P.O. Box Number is Not Acceptable)
336 S. Shore Drive

Suite, Apt. #, Etc.

City Sarasota

State FL

Zip Code 34234

☒ 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

Date

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.	Catherine L. Morris	336 S. Shore Drive	Sarasota, FL 34234
			300105872188 09/25/07--01009--018 **250.00
			REINSTATEMENT 2003-2007
			<u>Well</u>

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 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 8/9/07

Daytime Phone # 248-766-2254

Typed or printed name of signing Managing Member/Manager