

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 FEB -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L00000015335

1. Limited Liability Company's Name

STUART CAY MARINA, LLC

500011784795

U2/U4/U3--01061--015 **205.00

2. Principal Office Address

290 No. Dixie Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

290 No. Dixie Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/12/00

6. FEI Number

65-6359229

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

Mark E. Fried

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

1110 Brickell Avenue

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33131

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

1/29/03

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
Member	Kurt M. Krogen	290 No. Dixie Highway	Stuart, FL 34994
Member	Judd B. Straus	885 NE Stokes Terrace	Jensen Beach, FL 34957
Mgr. Member	Thomas Button	883 SE Roulette Lane	Port St. Lucie, FL 34983

REINSTATEMENT

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

Date

1-29-03

Daytime Phone # (772) 220-2185

Typed or printed name of signing Managing Member/Manager Thomas Button

CR2E041 (10/02)