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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000016112

Name and Mailing Address

0014121 01 AT 0.292 **AUTO T1 0 0615 33921-060505

STERLING HOMES OF BOCA GRANDE, LLC
P.O. BOX 605
BOCA GRANDE FL 33921-0605



2. New Mailing Address 3225 S. DALE MABRY		4. State/Country of Formation FL	
City, State, Zip TAMPA, FL 33629		5. Date Organized or Qualified To Do Business in Florida 12/27/2000	
Principal Place of Business P.O. BOX 605 BOCA GRANDE FL 33921	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1082768	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WHIGHAM, DAVID L 18401 MURDOCK CIR. PORT CHARLOTTE FL 33948	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *[Signature]* **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

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
MGRM	BALDWIN, JON B MR.	P. O. BOX 605	BOCA GRANDE FL 33921
MGRM	CONDA, II, GEORGE MR.	3225 SOUTH DALE MABRY	TAMPA FL 33629
			300024171833 10/27/03--01095--015 **150.00
			REINSTATEMENT 03 dec

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]* **SIGNATURE REQUIRED** Date _____ Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)