

2010000001041

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 2010000001041

1. Limited Liability Company's Name

Pelican Bay Yacht Club & Marina, L.L.C.

2. Principal Office Address

2145 Delta Blvd

3. Mailing Office Address

2145 Delta Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/19/2001

6. FEI Number

59-3716274

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

Barry Poole

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

2145 Delta Blvd

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Barry Poole

REGISTERED AGENT MUST SIGN

Date

2/14/03

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 |
|--------|--------------------------------------|---|----------------------|
| MGRM | Barry Poole | 2145 Delta Blvd | Tallahassee FL 32303 |
| MGRM | James M. Rudnick | 226 N. Duval Street | Tallahassee FL 32301 |
| MGRM | Robert Parrish | 2282-A Killearn Center Blvd | Tallahassee FL 32302 |
| | | | |
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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

Barry Poole

Date

2/14/03

Daytime Phone #

(850) 386-5117

Typed or printed name of signing Managing Member/Manager

Barry Poole

CR2041 (10/02)