

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L010000001042

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 20 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Pelican Bay Townhouse Resort, L.L.C.

L010000001042
2/9/02

NR

2. Principal Office Address

2282 Killearn Center Blvd

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32308

Country

USA

3. Mailing Office Address

2282 Killearn Center Blvd

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32308

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

59-3741453

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

03/05/03--01056--016 **201.00

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

[Signature]

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 Killearn Center Blvd	Tallahassee FL 32308

REINSTATEMENT *2002-2003*

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

[Signature]

Date

2/14/03

Daytime Phone#

(850) 386-5117

Typed or printed name of signing Managing Member/Manager

Barry Poole

CR2E041 (10/02)