

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 13 PM 12:28

DOCUMENT # L01000002765

1. Limited Liability Company's Name

INDIAN LAKE APARTMENTS PHASE II, L.L.C.

2. Principal Office Address

6150 Happy Hollow Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, Florida

City & State

Zip

32570

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/21/2001

6. FEI Number

☒ 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

Richard P. Petermann

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

25 Walter Martin Road, NE

Suite, Apt. #, Etc.

Suite 101

City

Fort Walton Beach

State
FL

Zip Code
32548

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 11/12/2002

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
Pres	Lowell Kelly	6150 Happy Hollow Drive	Milton, Florida 32570

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 11-12-02

Daytime Phone # 850-259-2664

Typed or printed name of signing Managing Member/Manager

Lowell Kelly

MJH

CR2E041 (9/01)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

INDIAN LAKE APARTMENTS PHASE II, L.L.C.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

6150 Happy Hollow Drive

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Milton, Florida 32570

5b City, state, and ZIP code

6 County and state where principal business is located

Okaloosa County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Lowell Kelly

7b SSN, ITIN, or EIN

267-90-9750

8a Type of entity (check only one box)

☒ Sole proprietor (SSN) **267 90 9750**

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (check only one box)

☐ Started new business (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☒ Other (specify) ▶ **Limited Liability Company**

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

02/21/2001

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural

0

Household

0

Other

0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☒ Other (specify) **Development**

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

()

Address and ZIP code

Designee's fax number (include area code)

()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Lowell Kelly - President**

Applicant's telephone number (include area code)

(850) 259-2664

Signature ▶

Date ▶

Applicant's fax number (include area code)

(850) 269-0512