

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 25 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000002765**

1. Limited Liability Company's Name

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

2. Principal Office Address

4060 Dancing Cloud Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Zip

32541

Country

US

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/21/2001

6. FEI Number

37-1448347

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 N.E. Walter Martin Road

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 11/24/2003

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
MGR	Lowell Kelly	4060 Dancing Cloud Court	Destin, Florida 32541

**REINSTATEMENT 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

Date 11/24/2003

Daytime Phone # 850-259-1907

Typed or printed name of signing Managing Member/Manager

Lowell Kelly

CR20041 (10/02)