L01000003162

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L01000003162

1. Limited Liability Company's Name

Siesta Key Investment, LLC 10/4/02

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
19 Whispering Sands Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apartment # 901			
City & State		City & State	
Sarasota, Florida			
Zip	Country	Zip	Country
34242	USA		

4. State/Country of Formation
Florida,USA

5. Date Organized or Qualified To Do Business In Florida February 27, 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
Thomas K. Kutter

Street Address (P.O. Box Number is Not Acceptable)
19 Whispering Sands Drive

Suite, Apt. #, Etc.
Apartment # 901

City: Sarasota | State: FL | Zip Code: 34242

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 Thomas K Kutter Date 3/19/2009

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
MgrM	Thomas K. Kutter	19 Whispering Sands Drive	Sarasota, Florida 34242
	REINSTATEMENT 2002 - 2009		
		nc 3/24	

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 Thomas K Kutter Date 3/19/2009 Daytime Phone # (920)621-8313

Typed or printed name of signing Managing Member/Manager Thomas K. Kutter