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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000006431

1. Limited Liability Company's Name

NORTH TRAIL DEVELOPMENTS, LLC

2. Principal Office Address	**3.** Mailing Office Address
1226 NORTH TAMIAMI TRAIL	1226 NORTH TAMIAMI TRAIL
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34236 Country: US	Zip: 34236 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 04/25/2001

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: B. JOHN WAGNER II

Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

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: B. JOHN WAGNER II Date: 09/29/2004

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	ROBERT G. ROSKAMP	1226 NORTH TAMIAMI TRAIL	SARASOTA, FL 34243

REINSTATEMENT 02-04

FAL

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: 9/29/04 Daytime Phone #: 941.366 4800

Typed or printed name of signing Managing Member/Manager: B. JOHN WAGNER II, AS AUTHORIZED REPRESENTATIVE

Florida Department of State

Division of Corporations
Public Access System

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TO:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941)366-4800
Fax Number : (941)552-5559

LIMITED LIABILITY REINSTATEMENT

NORTH TRAIL DEVELOPMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

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