

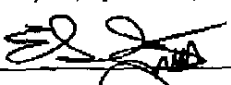
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 1226 NORTH TAMiami TRAIL Suite, Apt. #, etc. SUITE 100 City & State SARASOTA, FL Zip 34236 Country US		3. Mailing Office Address 1226 NORTH TAMiami TRAIL Suite, Apt. #, etc. SUITE 100 City & State SARASOTA, FL 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 ☐ \$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name 2. 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.					
B. JOHN WAGNER II					
Signature of Registered Agent 					
Date: 09/29/2004					
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	ROBERT G. ROSKAMP	1226 NORTH TAMiami TRAIL	SARASOTA, FL 34243		
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 608.405, 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 E. JOHN WAGNER II, AS AUTHORIZED REPRESENTATIVE					

0025011 (002)

REINSTATEMENT 02-04

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Division of Corporations

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Florida Department of State
Division of Corporations
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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
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