

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 18 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WL
11/18/05

DOCUMENT # **L01000007267**

1. Limited Liability Company's Name

Florida House Inn, L.L.C.

CR2E041 (8/05)

2. Principal Office Address
22 South 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address
22 South 3rd Street

Suite, Apt. #, etc.

City & State
Fernandina Bch, FL

Zip **32034** Country **USA**

City & State
Fernandina Bch, FL

Zip **32034** Country **USA**

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/08/2001

6. FEI Number

59-3717262

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

Gloria Boisvert

400061762634

11/29/05--01069--012 **200.00

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

622 Chaney Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Gloria Boisvert

Date **18 Nov 2005**

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	Diane Warwick	22 South 3rd Street	Fernandina Bch FL 32034

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

Diane Warwick

Date **11/16/05**

Daytime Phone #

904-753-1648

Typed or printed name of signing Managing Member/Manager

Diane Warwick