

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 14 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007267

1. Limited Liability Company's Name

Florida House Inn, L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

22 South 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

22 South 3rd Street

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

City & State

Fernandina Bch, FL

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

4. State/Country of Formation

Nassau / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

5/8/2001

6. FEI Number

593717262

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 Boisoert

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

622 Chancey Lane

Suite, Apt. #, Etc.

#

City

Tallahassee

State

FL

Zip Code

32308

☒ 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

Gloria Boisoert

Date

14 April 2008

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
<u>MGRM</u>	<u>Diane Warwick</u>	<u>22 South 3rd Street</u>	<u>Fernandina Bch, FL</u> <u>32034</u>

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REINSTATEMENT 04/08

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

D. Warwick

Date

4/10/08

Daytime Phone #

904-261-3300

Typed or printed name of signing Managing Member/Manager

Diane Warwick