

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:12

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007529

1. Limited Liability Company's Name

Second Wind, L.L.C.

2. Principal Office Address

24 Shannon Lane

Suite, Apt. #, etc.

3. Mailing Office Address

24 Shannon Lane

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

U.S.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

U.S.

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/11/2001

6. FEI Number

593718127

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

Ann B Kiefer

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

261 Ridge Road

Suite, Apt. #, Etc.

City

Santa Rosa Beach FL

State

FL

Zip Code

32459

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

Ann Bonin Kiefer

REGISTERED AGENT MUST SIGN

Date 12/5/06

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	Ann Bonin Kiefer	261 Ridge Road	Santa Rosa Beach, FL 32459

REINSTATEMENT 04-06

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

Ann Bonin Kiefer

Date 12/5/06

Daytime Phone # 850367-9998

Typed or printed name of signing Managing Member/Manager

Ann Bonin Kiefer