

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUN 15 P 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007622

1. Limited Liability Company's Name

Princess Properties, L.L.C.

2. Principal Office Address

5399 East Hwy 30-A

Suite, Apt. #, etc.

Suite C-253

City & State

Seagrove Beach, Florida

Zip

32459

Country

United States

3. Mailing Office Address

5399 East Hwy 30-A

Suite, Apt. #, etc.

Suite C-253

City & State

Seagrove Beach, Florida

Zip

32459

Country

United States

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

5/11/2001

6. FEI Number

03-0424102

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

Kevin M. Helmich, Esquire

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

4481 Legendary Drive

Suite, Apt. #, Etc.

Suite 200

City

Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date

6-10-04

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	Linda Miller	5399 East Hwy 30-A, Suite C-253	Seagrove Beach, Florida 32459
MGRM	Sean C. Ezell	5399 East Hwy 30-A, Suite C-253	Seagrove Beach, Florida 32459

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

Linda M. Miller

Date

6-10-04

Daytime Phone #

850.231.3534

Typed or printed name of signing Managing Member/Manager

LINDA M. MILLER

CR25041 (10/02)