

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000009143**

1. Limited Liability Company's Name

Boca Bargoons of Sarasota, L.L.C.

CR2E041 (10/08)

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

130 North Orange Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3030 Castle Pines Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Duluth, Georgia

Zip

34236-8516

Country

USA

Zip

30097

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 10/1/2004

6. FEI Number

010593070

☐ 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

Cynthia Wollstein

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

190 NW 20th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

☐ 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

REGISTERED AGENT MUST SIGN

Date 3/2/09

**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	Edward Wollstein	3030 Castle Pines Drive	Duluth, Georgia 30097

500145167285  
03/06/09--01043--009 ++332.50

REINSTATEMENT  
REINSTATEMENT

04-09

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

Date 3/2/09

Daytime Phone # 678-473-0243

Typed or printed name of signing Managing Member/Manager Edward Wollstein