

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

L01000012815

DIVISION OF CORPORATIONS

02 DEC 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012815

Name and Mailing Address

0010787 01 FP 0.352 **PRSR HT 0 0615 34994-350345



LOXAHATCHEE RESERVE, L.L.C.
900 S.E. OCEAN BLVD., SUITE 120
STUART FL 34994-3503

MJH



12/11 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 900 S.E. OCEAN BLVD., SUITE 120 STUART FL 34994		5. Date Organized or Qualified To Do Business in Florida 07/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0734231	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent FENNIMAN, JOHN 900 S.E. OCEAN BLVD., SUITE 120 STUART FL 34994	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 John Fenniman Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	John Fenniman	900 SE Ocean Blvd., Suite 120	Stuart, FL 34994

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12/11/02--01063--003 **150.00

12. 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 John Fenniman Date 12/9/02 Daytime Phone # (772) 287-4300

Typed or printed name of signing Managing Member/Manager JOHN FENNIMAN