

L01000012924

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012924

1. Limited Liability Company's Name

RIOMAR COVE DEVELOPMENT, L.L.C.

800013526188
02/26/03--01014--023 **205.00

2. Principal Office Address

979 Beachland Boulevard

Suite, Apt. #, etc.

City & State

Vero Beach

Zip

32963

Country

Indian River

3. Mailing Office Address

979 Beachland Boulevard

Suite, Apt. #, etc.

City & State

Vero Beach

Zip

32963

Country

Indian River

4. State/Country of Formation

Indian River County, Florida

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

8/3/2001

6. FEI Number

#65-1140920

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

Samuel A. Block, Esq.

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

979 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32963

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

Samuel A. Block

Date

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
MGRM VP/S	Yane Zana	979 Beachland Boulevard	Vero Beach, FL 32963
MGRM VP/T	Stephen T. Smith	979 Beachland Boulevard	Vero Beach, FL 32963
P	R. Charly Teboul	979 Beachland Boulevard	Vero Beach, FL 32963

REINSTATEMENT 02-03
M.S.T.

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 2/21/03

Daytime Phone# (772) 532-3418

Typed or printed name of signing Managing Member/Manager

YANE ZANA, Manager/Member

CR-2041 (10/02)