

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 19 AM 10:37

DOCUMENT # L01000013258

1. Limited Liability Company's Name

Tequesta Villager, L.L.C.

400202485024
04/19/11--01011--004 **516.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 931 N Alt. A1A Suite, Apt. #, etc.		3. Mailing Office Address PO Box 60 Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country USA	Zip 33468-0060	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/8/01	
6. FEI Number 65115925	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Henry F. Cromwell			
Street Address (P.O. Box Number is Not Acceptable) 931 N Alt A1A			
Suite, Apt. #, Etc.			
City Jupiter, FL	State FL	Zip Code 33477	

E-mail Address:

hcromwell@cromwellrs.com
(To be used for future annual report notices)

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

Henry F. Cromwell

REGISTERED AGENT MUST SIGN

Date

4/15/11

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
MGR	Henry F. Cromwell	931 N Alt A1A	Jupiter, FL 33477

REINSTATEMENT 09-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Henry F. Cromwell

Date

4/15/11

Daytime Phone #

561-746-6912

Typed or printed name of signing Managing Member/Manager Henry F. Cromwell

N. Culligan APR 20 2011