

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -7 PM 4:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600011991286
02/07/03--01061--020 **200.00

MJH

DOCUMENT # **01000013530**

1. Limited Liability Company's Name

TRADE WIND COAST DEVELOPMENT, L.L.C.

2. Principal Office Address

123 Queens Road

3. Mailing Office Address

123 Queens Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Hutchison, Florida

City & State

North Hutchison, Florida

Zip

34949

Country

USA

Zip

34949

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/14/2001

6. FEI Number

65-1129713

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

Barry G. Segal

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

2801 Ocean Drive

Suite, Apt. #, Etc.

Suite 204

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

REGISTERED AGENT MUST SIGN

Date February 4, 2003

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	Robert Marcello	123 Queens Road	North Hutchison, FL 34949
MGRM	Richard Marcello	123 Queens Road	North Hutchison, FL 34949

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 2/04/03

Daytime Phone# (401) 295-0300

Typed or printed name of signing Managing Member/Manager Robert Marcello

CR2E041 (10/02)