

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013699

Name and Mailing Address

0017342 01 FP 0.352 **PRSR T3 0 0615 33037

REEF HOME MANAGEMENT, LLC
P.O. BOX 23
KEY LARGO FL 33037



2. New Mailing Address

32020 SW 199 Ave
City, State, Zip
Homestead, FL 33030

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/13/2001

Principal Place of Business
5 S. MARINA DRIVE
KEY LARGO FL 33037

3. New Principal Place of Business Address

32020 SW 199 AVE
City, State, Zip
Homestead, FL 33030

6. FEI Number
65-1154076

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

GORDY, NELSON T
5 S. MARINA DRIVE
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

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

600024289226
10/30/03--01051--005 **150.00

City

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-26-03

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	GORDY, NELSON	5 S MARINA DRIVE 32020 SW 199 Ave	KEY LARGO FL 33037 Homestead, FL 33030

REINSTATEMENT 03
dec

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

SIGNATURE REQUIRED

Date 10-26-03 Daytime Phone # 385-522-5770

Typed or printed name of signing Managing Member/Manager