

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 19 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000016105

1. Limited Liability Company's Name

Ponce Inlet Rentals, L.L.C.

200029750092
03/03/04--01021--021 **255.00

2. Principal Office Address

15105 N.W. 94th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

15105 N.W. 94th Ave

Suite, Apt. #, etc.

City & State

Alachua, Florida

City & State

Alachua, Florida

Zip

32615

Country

USA

Zip

32615

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-17-01

6. FEI Number

02-0543280

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

Robert D. Wallace

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

15105 N.W. 94th Avenue

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

Robert D. Wallace

Date 2/17/04

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 |
|-------------|--------------------------------------|---|--------------------------|
| <u>MGRM</u> | <u>Robert D. Wallace</u> | <u>15105 N.W. 94th Ave.</u> | <u>Alachua, FL 32615</u> |
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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

Robert D. Wallace

Date

2/17/04

Daytime Phone #

352-219-5825

Typed or printed name of signing Managing Member/Manager

Robert D. Wallace

CR2E041 (10/02)