

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 11:08

1. DOCUMENT # L01000020271

Name and Mailing Address

0013226 01 AT 0.292 **AUTO TB 1 0615 34957-721220
TREASURE COAST SERVICES, L.L.C.
1820 NE JENSEN BEACH BLVD
SUITE 533
JENSEN BEACH FL 34957-7212



2. New Mailing Address

3175 Will Fee Road.

City, State, Zip
FT. Pierce, Florida 34982

Principal Place of Business
1820 NE JENSEN BEACH BLVD
SUITE 533
JENSEN BEACH FL 34957

3. New Principal Place of Business Address

3175 Will Fee Rd.

City, State, Zip
FT. Pierce, Florida 34982

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/26/2001

6. FEI Number
APPLIED FOR ☒ Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

LABOURDETTE, BARBARA C
13125 SOUTH INDIAN RIVER DR.
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

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

3175 Will Fee Rd.

City FT. Pierce FL 34982

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] **NOTARIES REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/8/03

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
MGRM	LABOURDETTE, BARBARA	1820 NE JENSEN BEACH BLVD 3175 Will Fee Rd.	JENSEN BEACH FL 34957 FT. Pierce, FL 34982

REINSTATEMENT

03 GHA

500025417095
12/11/03--01019--013 **150.00

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] **NOTARIES REQUIRED**

Date 12/8/03 Daytime Phone (772) 370-2600

Typed or printed name of signing Managing Member/Manager