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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda G. Hooper
Secretary of State
DIVISION OF CORPORATIONS

L01000021203

APPROVED
AND
FILED

03 NOV 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021203

Name and Mailing Address

0013487 01 AT 0.292 **AUTO T9 D 0615 33549-356606

SAILWIND HOMES AND PROPERTIES, L.L.C.
1506 E. BEARSS AVENUE
LUTZ FL 33549-3566

REINSTATEMENT

| | | | |
|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 12/07/2001 | |
| Principal Place of Business 1506 E. BEARSS AVENUE LUTZ FL 33549 | 3. New Principal Place of Business Address | 6. FEI Number 80-0019092 | Applied For Not Applicable |
| City, State, Zip | | 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 WARD, KEN 701 BAYSHORE BLVD., SUITE 101 TAMPA FL 33606 | | 9. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 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 | | Date 11/19/03 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 | RAIRIGH, RAYMOND | 1506 E. BEARSS AVENUE | LUTZ FL 33549 |
| MGRM | HARRELL, JEROME | 1506 E. BEARSS AVENUE | LUTZ FL 33549 |
| 300025389363 12/10/03--01044--016 **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 | | Date 11-17-03 Daytime Phone # 813 971-7733 | |
| Typed or printed name of signing Managing Member/Manager | | | |

CR2E084 (7/03)