

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000022402

Name and Mailing Address

0014201 01 AT 0.292 \*\*AUTO T2 0 0615 33957-321999



MEL FISHER-SANIBEL, LLC  
MEL FISHER TREASURE  
2353 PERIWINKLE WAY  
SANIBEL FL 33957-3219

03 NOV 13 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

200 Greene St, 4th Floor

City, State, Zip

Key West, FL 33040

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

12/21/2001

Principal Place of Business

MEL FISHER TREASURE  
2353 PERIWINKLE WAY  
SANIBEL FL 33957

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

60-0000677

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

LEWIS & WHITE LC  
222 GEORGIA W ST  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City

000024633620

11/13/03--01029--001 \*\*150.00

FL

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**

Date

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	FISHER, LEE	200 GREENE STREET	KEY WEST FL 33040
MGRM	FISHER, KIM	200 GREENE STREET	KEY WEST FL 33040

REINSTATEMENT 03

FALL

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 11/10/03

Daytime Phone # 305-294-5266

Typed or printed name of signing Managing Member/Manager