

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 DEC 26 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010169
Name and Mailing Address

0004364 01 AT 0.292 **AUTO TB 0 0615 32976-282630
ATLANTIC COAST TROPICAL ISLES, LLC
8730 U.S. HWY 1
MICCO FL 32976-2826

000025770880
12/26/03--01031--019 **150.00



2. New Mailing Address 730 Commerce Center DR. Suite C City, State, Zip Sebastian, FL 32958		4. State/Country of Formation FL	
Principal Place of Business 8730 U.S. HWY 1 MICCO FL 32976		5. Date Organized or Qualified To Do Business in Florida 04/29/2002	
3. New Principal Place of Business Address 730 Commerce Center DR. C City, State, Zip Sebastian, FL 32958		6. FEI Number ☒ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent PALADIN, JOSEPH 8730 U.S. HWY 1 MICCO FL 32976		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 730 Commerce Center DR. Suite C City, State, Zip Sebastian, FL 32958			
10. I, being appointed the registered agent of the limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date 12-19-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Address of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Michele Paladin	730 Commerce Center Dr. Suite C	Sebastian, FL 32958

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(AL)

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

Michele Paladin
Michele Paladin

12/19/03

Daytime Phone # 772-663-3900

Typed or printed name of signing managing member/manager

Michele Paladin