

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

DOCUMENT # L02000011872

1. Limited Liability Company's Name

Sandpiper Ventures, LLC

2. Principal Office Address

1390 Sunset Beach Drive

3. Mailing Office Address

Post Office Box 5065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

05/09/02

6. FEI Number

01-0690623

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

Franklin H. Watson, P.A.

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

5365 East County Highway 30A

Suite, Apt. #, Etc.

Suite 105

City

Seagrove Beach

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date

11/25/03

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
Mgr	Alan M. O'Neal	1390 Sunset Beach Drive	Niceville, FL 32578

REINSTATEMENT 03
JANUARY 1 2004

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

Date

11-20-03

Daytime Phone #

850-585-1711

Typed or printed name of signing Managing Member/Manager Alan M. O'Neal, Manager

DAVID B. PLEAT*
AMY A. PERRY**

CHRISTOPHER H. McELROY
WM. J. "WEST" RITCHIE

*Also Admitted In D.C. & MD.

**Also Admitted In GA.



PLEAT & PERRY, P.A.
• ATTORNEYS AT LAW •

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SUITE 202
DESTIN, FLORIDA 32541
850.650.0599
FAX 850.650.4402
law@pleat.coxatwork.com

December 2, 2003

Via Federal Express

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

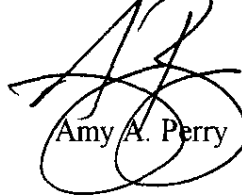
Re: Limited Liability Company Reinstatement - Sandpiper Ventures, LLC

Dear Sir/Madam:

Please find enclosed the *Limited Liability Company Reinstatement* for Sandpiper Ventures, LLC, along with our Check No. 8266 in the amount of \$150.00. Accordingly, please reinstate Sandpiper Ventures, LLC and forward to us confirmation of its reinstatement.

If you have any questions or need any additional information, please do not hesitate to contact me.

Very truly yours,



Amy A. Perry

AAP/kmb

Enclosures

cc: Mr. Alan M. O'Neal

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