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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

1. DOCUMENT # L02000012540

Name and Mailing Address

04 MAR 15 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005005 01 AT 0.292 \*\*AUTO TO 0 0615 33036-391658



GEORGE'S L.L.C.  
158 COLUMBUS DRIVE  
ISLAMORADA FL 33036-3916



2. New Mailing Address

P.O. Box 1746

City, State, Zip

Islamorada, FL 33036

Principal Place of Business

158 COLUMBUS DRIVE  
ISLAMORADA FL 33036

New Principal Place of Business Address

Box 1746, Overseas Highway  
79851

City, State, Zip

Islamorada, FL 33036

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/17/2002

6. FEI Number

03-0450995

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

MC ELVEEN, GEORGE E  
158 COLUMBUS DRIVE  
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name  
MC ELVEEN, GEORGE E.  
Street Address (P.O. Box Number is Not Acceptable)  
76777 Overseas Highway  
City, State, Zip  
Islamorada FL 33036

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

*George E. McElveen*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/19/04

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
managing member	George E. McElveen	76777 Overseas Hwy	Islamorada, FL 33036

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

*George E. McElveen*  
SIGNATURE REQUIRED

Date

1/19/04

Daytime Phone #

(305) 522-3883

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)