

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2004 NOV 12 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L020000013084

1. Limited Liability Company's Name

CHRISTIE PROPERTIES, LLL

2. Principal Office Address 775 EAST

Merritt Island Cswy

Suite, Apt. #, etc.

235

City & State

Merritt Island FL

Zip

32952

Country

BREVARD

3. Mailing Office Address 775 EAST

Merritt Island Cswy

Suite, Apt. #, etc.

235

City & State

Merritt Island FL

Zip

32952

Country

BREVARD

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5/29/2002

6. FEI Number

030466571

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

TODD E. CHRISTIE, D.M.D.

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

775 E. MERRITT ISLAND CAUSEWAY

Suite, Apt. #, Etc.

235

City

Merritt Island

State

FL

Zip Code

32952

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

T.E. Christie

Date 11/9/04

REGISTERED AGENT MUST SIGN

**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
MEM	TODD E. CHRISTIE DMD	195 Alameda Dr	Merritt Island, FL 32952

REINSTATEMENT

800042704298  
11/12/04 01074 000 \*\*150.00

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

T.E. Christie

Date 11/9/04

Daytime Phone # 321-459-1369

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)