

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 19 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000017975**

1. Limited Liability Company's Name

TAYLOR MCKENSIE DEVELOPERS LLC

2003-2004

2. Principal Office Address

4111 NE 30th TERR

Suite, Apt. #, etc.

3. Mailing Office Address

4111 NE 30th TERR

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

LHP

Zip

33064

Country

BROWARD

Zip

33064

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/03

6. FEI Number

81-0561099

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 LONG

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

4111 NE 30th TERR

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

Todd Long

Date

10/18/04

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
mgr	TODD LONG	4111 NE 30th TERR LHP	LHP / FL / 33064

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REINSTATEMENT

2003-2004

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

Todd Long

Date

10/18/04

Daytime Phone #

954-783-3698

Typed or printed name of signing Managing Member/Manager

TODD LONG

CR2EM1 (10/02)