

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000017975

**1. Limited Liability Company's Name**

TAYLOR MCKENSIE DEVELOPERS LLC

**2. Principal Office Address - No P.O. Box #**

4111 NE 30 TERR

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

U.S.

**3. Mailing Office Address**

4111 NE 30 + TERR

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

U.S.

**8. Name and Address of Current Registered Agent**

Name

TODD LONG

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

4111 NE 30 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 3/20/09

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 30 + TERR	LHP, FL 33064

200155608222  
05/07/09 01000 000 \*\*416.25

**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 3/20/09

Daytime Phone# 954-783-3698

Typed or printed name of signing Managing Member/Manager

TODD LONG

**FILED**

09 MAY -7 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

D7-09 SEM

CR2E041 (10/08)

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

2004

**6. FEI Number**

81-0561094

☐ Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

☐ \$5.00 Additional Fee required  
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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