

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -5 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018145

1. Limited Liability Company's Name

TREK Development, LLC

300026471513
01/08/04--01015--005 **200.00

2. Principal Office Address

4591 Sailmaker Ln.
Suite, Apt. #, etc.

3. Mailing Office Address

4591 Sailmaker Ln.
Suite, Apt. #, etc.

4. State/Country of Formation

FL./U.S.

5. Date Organized or Qualified
To Do Business in Florida

7-02

City & State

Destin, FL

Zip Country
32541 U.S.

City & State

Destin, FL

Zip Country
32541 U.S.

6. FEI Number

51-0418709

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

Nicole D. Gullio

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

205 Beach Dr. North

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-5-04

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
<u>MGR</u>	<u>Ryan C. Lorenzen</u>	<u>4591 Sailmaker Ln</u>	<u>Destin, FL 32541</u>

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. Further, I 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

[Signature]

Date 1-5-04

Daytime Phone # (850) 240-4929

Typed or printed name of signing Managing Member/Manager

Ryan C. Lorenzen

CR2ED41 (10/02)