

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022376

1. Limited Liability Company's Name

Stuart Commercial, LLC

2. Principal Office Address

4411 45th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

4411 45th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08/29/2002

6. FEI Number

56-2291019

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

Drennen L. Whitmire, Jr., Esquire

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

249 Royal Palm Way

Suite, Apt. #, Etc.

Suite 501

City

Palm Beach

State

FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date

10/21/04

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
MM	David M. Saunders	4411 45th Street	West Palm Beach, FL 33407
			100042322691 10/29/04--01091--008 **200.00

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

Date

10/21/04

Daytime Phone#

(561) 676-6276

Typed or printed name of signing Managing Member/Manager

David M. Saunders, Managing Member