

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000023307

1. Limited Liability Company's Name

Highpoint Ventures of Pensacola, LLC

CR2E041 (8/05)

Matt

2. Principal Office Address

23 Highpoint Dr

Suite, Apt. #, etc.

3. Mailing Office Address

23 Highpoint Dr

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

Zip

32561

Country

4. State/Country of Formation

Escambia

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

Sept 2002

6. FEL Number

54-2079825

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

Stephen R. Moorhead

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

25 W. Government St.

Suite, Apt. #, Etc.

City

Pensacola

000080694600

10/10/06--01062--014 **200.00

000080694600

11/03/06--01034--017 **50.00

State

FL

Zip Code

32502

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 October 5, 2006

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
MGRM	Maria D. Martinez	2628 Pecan Place	Jacksonville, FL 32259
MGRM	James A. Spori III	2628 Pecan Place	Jacksonville, FL 32259
MGRM	Jo Ann P. Spori	23 Highpoint Dr	Gulf Breeze, FL 32561

REINSTATEMENT

8004
2005
8006

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 Oct 5, 2006

Daytime Phone # (850) 932-3234

Typed or printed name of signing Managing Member/Manager Jo Ann P. Spori