

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 21 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L02000023904

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

LOST RIVER, L.L.C.

**2. Principal Office Address**

110 S. Sewall's Point Rd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

**3. Mailing Office Address**

110 S. Sewall's Point Rd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

**4. State/Country of Formation**

FL/USA

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

09/13/2002

**6. FEI Number**

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

Stuart M. Lamb

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

110 S. Sewall's Point Road

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

**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

1/15/04

**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
MGRM	Matt Nyberg	7878 SW Ellipse Way	Stuart, FL 34997
MGRM	Black Sheep Holdings Limited Partnership	110 S. Sewall's Point Road	Stuart, FL 34996

**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

1/15/04

Daytime Phone #

(772) 781-4840

Typed or printed name of signing Managing Member/Manager

Stuart M. Lamb

**KRAMER, SEWELL, SOPKO & LEVENSTEIN, P.A.**  
**ATTORNEYS AT LAW**

ROBERT S. KRAMER  
LAURIE RUSK SEWELL  
JAMES SOPKO  
Board Certified Tax Lawyer  
Board Certified Wills, Trust  
and Estates Lawyer  
RICHARD H. LEVENSTEIN  
Board Certified Business Litigation Lawyer  
JEANNA BIALCZAK CARROLL  
KATHLEEN S. MAC MAHON  
MAURA S. CURRAN

853 S.E. MONTEREY COMMONS BLVD.  
POST OFFICE BOX 2421  
STUART, FLORIDA 34995

(772) 288-0048  
FAX (772) 288-0049  
BOCA RATON: (561) 394-8886  
e-mail RSKramer@KSSLawyers.com

January 16, 2004

**VIA UPS NEXT DAY AIR**

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Lost River, L.L.C.

To Whom It May Concern:

Enclosed please find an original executed Limited Liability Company Reinstatement form along with a check in the amount of \$205.00 from this firm, which represents the reinstatement fee and the fee for a Certificate of Status. Please forward the Certificate of Status to the address listed below:

Kramer, Sewell, Sopko & Levenstein, P.A.  
Attn: Stephanie Schwall  
853 SE Monterey Commons Blvd.  
Stuart, FL 34996

Please feel free to contact the undersigned should you have any questions. Thank you for your attention to this matter.

Very truly yours,

KRAMER, SEWELL, SOPKO  
& LEVENSTEIN, P.A.



Stephanie A. Schwall,  
Real Estate Assistant

/sas  
Enclosures