

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000024575

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:21

DOCUMENT # L02000024575

1. Limited Liability Company's Name

GRAND LAGOON COVE DEVELOPMENT LLC
9/26/03

2. Principal Office Address

536 N MONROE ST
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL
Zip Country
32301 US

3. Mailing Office Address

536 N MONROE ST
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL
Zip Country
32301 US

4. State/Country of Formation

FL

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

9/20/02

6. FEI Number

56-229447

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SCOTT LINDSEY

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

1407 PIEDMONT DR EAST

Suite, Apt. #, Etc.

7

City

TALLAHASSEE, FL 32308

State

FL

Zip Code

32308

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**

Scott Lindsey, Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/03

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
MEM	JAMES M KUDNICK	226 N DUVAL ST	TALLAHASSEE, FL 32301
MEM	DENNIS R FULLER	536 N MONROE ST	TALLAHASSEE, FL 32301

REINSTATEMENT 2003

BK

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**

Dennis R. Fuller

Date

10/13/03

Daytime Phone #

850 205 9059

Typed or printed name of signing Managing Member/Manager

DENNIS R. FULLER

CR2041 (9/01)

Memo

Date: 10/13/2003
To: Secretary of State, Division of Corporations
From: Lisa L. Spooner, CFO, Coastal Property Services, Inc.
RE: Grand Lagoon Cove Development, LLC

Per my phone discussion today, please accept our check for \$ 50 to reinstate the LLC since our old mailing address was used and we didn't receive the form.

Our new mailing address is: 536 N. Monroe Street, Tallahassee, Florida 32301.

Thanks for your help.

OK

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10/13/2003

Confidential

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