

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000026558

1. Limited Liability Company's Name

SKYTRACKERS SOUTHEAST, L.L.C.

FILED

2001 DEC 28 A 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

679 Green Turtle Court

Suite, Apt. #, etc.

3. Mailing Office Address

679 Green Turtle Court

Suite, Apt. #, etc.

City & State

Geneva, FL

City & State

Geneva, FL

Zip

32732

Country

USA

Zip

32732

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/08/02

6. FEI Number

33-1027434

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

Scott A. Whiteman

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

679 Green Turtle Court

Suite, Apt. #, Etc.

City

Geneva,

State

FL

Zip Code

32732

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 A. Whiteman

REGISTERED AGENT MUST SIGN

Date

12-12-07

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
MGR	Scott A. Whiteman	679 Green Turtle Court	Geneva, FL., 32732
MGR	Cheryl L. Garpiel	3027 Slippery Rock Ave	Orlando, FL. 32826
MGR	Deanna Whiteman	679 Green Turtle Court	Geneva, FL., 32732

REINSTATEMENT

03-07

12/12/07-01044-004 **350.00

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

Scott A. Whiteman

Date

12/4/07

Daytime Phone #

407-349-3810

Typed or printed name of signing Managing Member/Manager

Scott A. Whiteman