

L02000027289

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 APR -5 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000027289

1. Limited Liability Company's Name

Turtle Cove Marina LLC

500031842855  
04/05/04--01063--003 \*\*200.00

2. Principal Office Address

601 Roosevelt Blvd.

3. Mailing Office Address

P.O. Box 369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

City & State

Tarpon Springs

Zip

34689

Country

USA

Zip

34688

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

October 15, 2002

6. FEI Number

16-1696554

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

Edward H. Spaeth

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

5328 Macoso Ct.

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

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

*Edward H. Spaeth*

Date

4-1-04

REGISTERED AGENT MUST SIGN

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	Edward H. Spaeth	5328 Macoso Ct.	New Port Richey, Florida 34655
MGR	Walter A. Smith	1428 BriarWood Ln.	Lakeland, Florida 33803

REINSTATEMENT

2003  
2004

JB  
4-13-04

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

*Edward H. Spaeth*

Date

4-1-04

Daytime Phone #

727-320-4929

Typed or printed name of signing Managing Member/Manager

EDWARD H. SPAETH

CR2E041 (10/02)