

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029185

1. Limited Liability Company's Name

K-5 LONGBOAT KEY MOORINGS, L.L.C.

CR2E041 (1/07)

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

6131 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

3. Mailing Office Address

6131 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/01/2002

6. FEI Number

59-3762146

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

Doerr, Kenneth D.

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

240 S. Pineapple Ave.

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

☒ 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

Kenneth D. Doerr

REGISTERED AGENT MUST SIGN

Date

2/23/07

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	Greenspon, Larry P.	6131 Gulf of Mexico Drive	Longboat Key, FL 34228

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

Larry P. Greenspon

Date

2/23/2007

Daytime Phone #

941.387.8315

Typed or printed name of signing Managing Member/Manager

Larry P. Greenspon, Manager