

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-08  
250.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

**DOCUMENT # L02000031777**

1. Limited Liability Company's Name

White Sands Shoreline Protection Association, LLC

900087212109  
02/05/07--01004--031 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address  
229 White Sands Drive

3. Mailing Office Address  
229 White Sands Drive

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip  
32456

Country  
Gulf

Zip  
32456

Country  
Gulf

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

11/26/02

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

S. Russell Scholz

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

116 Sailor's Cove Drive

Suite, Apt. #, Etc.

n/a

City

Port St. Joe,

State  
FL

Zip Code  
32456

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

*S. Russell Scholz*  
REGISTERED AGENT MUST SIGN

Date

17 Jan 07

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| MGRM   | Golz, Raymond                        | 229 White Sands Drive                             | Port St. Joe, FL 32456 |
| MGRM   | Blake, Jack                          | 263 White Sands Drive                             | Port St. Joe, FL 32456 |
| MGRM   | Pierce, James                        | 289 White Sands Drive                             | Port St. Joe, FL 32456 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT 05-07

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

*James R. Pierce*

Date

17 Jan 07

Daytime Phone # (850) 229-8260

Typed or printed name of signing Managing Member/Manager

James Pierce