

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 22 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033164

1. Limited Liability Company's Name

SHELL COVE MARINE PROPERTIES, LLC

2. Principal Office Address

9167 Brendan Lake Court

Suite, Apt. #, etc.

3. Mailing Office Address

9167 Brendan Lake Court

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

Zip

34134

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/11/2002

6. FEI Number

57-1144565

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

Jeff M. Novatt, Esq.

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State
FL

Zip Code
34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **04/21/04**

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	131 Group, Inc.	9167 Brendan Lake Court	Naples, Florida 34134
			BONITA SPRINGS

REINSTATEMENT 2003-2004

900034832129
04/20/04--01029--001 **200.00

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.

131 Group, Inc., Managing Member

Signature of
Managing Member/Manager

By: *Michele Pessin*

Date **04/21/04**

Daytime Phone # **239-390-1402**

Typed or printed name of signing Managing Member/Manager

Michele Pessin, President of 131 Group, Inc., Managing Member

CR2E041 (10/02)