

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
L02000034424

FILED

1. DOCUMENT # L02000034424
Name and Mailing Address

03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016042 01 MB 0.309 **AUTO T9 0 0615 32457-00988
SUNSET POINTE DEVELOPMENT, L.L.C.
PO BOX 98
PORT ST. JOE FL 32457-0098

400024283124
10/30/03--01023--015 ***150.00
[Barcode]

2. New Mailing Address <i>P.O. Box 98</i>		4. State/Country of Formation FL	
City, State, Zip <i>Port ST Joe, FL 32457</i>		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
Principal Place of Business 413 WILLIAMS AVENUE PORT ST. JOE FL 32456	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <i>47-0902184</i>	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVENUE PORT ST. JOE FL 32456		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: *10/20/03*

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COSTIN, CHARLES A	PO BOX 98	PORT ST. JOE FL 32457
MGR	SHOAF, STUART	PO BOX 772	PORT ST. JOE FL 32457

REINSTATEMENT 03
dec

12. 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: *[Signature]* **SIGNATURE REQUIRED** Date: *10/20/03* Daytime Phone #: *850-227-1159*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)