

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 12 AM 9:43

DOCUMENT # L03000005160

1. Limited Liability Company's Name

St. Augustine Sands, LLC.

2. Principal Office Address

7 Kimberly Lane

Suite, Apt. #, etc.

3. Mailing Office Address

74 East Golden St. Rd

Suite, Apt. #, etc.

City & State

St. Augustine Beach FL

Zip

32080

Country

St. Johns

City & State

Circle Pines, MN

Zip

55014

Country

Minnesota

4. State/Country of Formation

FL. St. Johns Co.

5. Date Organized or Qualified
To Do Business in Florida

2/10/03

6. FEI Number

none

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Karen L. Harmsen

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

7 Kimberly Lane

Suite, Apt. #, Etc.

City

St Augustine

State

FL

Zip Code

32080

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

Karen L. Harmsen

REGISTERED AGENT MUST SIGN

Date

1-10-06

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
Chief Officer	<u>Karen Harmsen</u>	<u>74 East Golden St Rd</u>	<u>Circle Pines MN, 55014</u>
Chief Officer	<u>Tim Harmsen</u>	<u>74 East Golden St Rd</u>	<u>Circle Pines MN 55014</u>

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

Karen L. Harmsen

Date

1-10-06

Daytime Phone #

904-460-

0026

Typed or printed name of signing Managing Member/Manager