

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 APR 10 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000011675**

1. Limited Liability Company's Name

Highland Beach Club Realty, LLC

CR2E041 (12/07)

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

920 Hibiscus Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Office Address

920 Hibiscus Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

USA

4. State/Country of Formation

Palm Beach

5. Date Organized or Qualified

To Do Business in Florida 04/01/2003

6. FEI Number

020684951

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

Bert R. Oliver, PA

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

955 NW 17th Avenue

Suite, Apt. #, Etc.

Building "D"

City

Delray Beach

State

FL

Zip Code

33445

☐ 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

REGISTERED AGENT MUST SIGN

Date

3/26/08

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	Scott W. Morris	920 Hibiscus Lane	Delray Beach, FL 33444

**REINSTATEMENT**

2006-2008

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04/09/08--01004--014 \*\*516.25

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

Date

3/26/08

Daytime Phone # 407-572-3798

Typed or printed name of signing Managing Member/Manager

SCOTT MORRIS