

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03600017314

1. Limited Liability Company's Name

CASA DEL MARINA, LLC

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

7932 W. SAND LAKE ROAD

Suite, Apt. #, etc.

306

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

7932 W. SAND LAKE ROAD

Suite, Apt. #, etc.

306

City & State

ORLANDO, FL

Zip

32819

Country

U.S.A.

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

5/6/03

6. FEI Number

16-1667702

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

ROGER Y. MURRAY

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

7932 W. SAND LAKE ROAD

Suite, Apt. #, Etc.

306

City

ORLANDO

State

FL

Zip Code

32819

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/3/08

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	ROGER Y. MURRAY	7932 W. SAND LAKE ROAD # 306	ORLANDO, FL 32819
MGR	JACK W. DICKS	520 CROWN OAK CENTRE DRIVE	LONGWOOD, FL 32750
			L. SELLERS
			OCT 14 2008
			EXAMINER

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

[Signature]

Date

10/3/09

Daytime Phone #

407 / 206-1500

Typed or printed name of signing Managing Member/Manager

ROGER Y. MURRAY