

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000018681

1. Limited Liability Company's Name

LATITUDE SOUTH, LLC

2. Principal Office Address

2500 MAIN ST.

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH, FL.

Zip

33931

Country

US

3. Mailing Office Address

2500 MAIN ST

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH, FL.

Zip

33931

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JULY, 2003

6. FEI Number

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

MATTHEW HANSON

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

2500 MAIN ST.

Suite, Apt. #, Etc.

City

FT. MYERS BEACH,

State

FL

Zip Code

33931

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

Matthew Hanson

Date

REGISTERED AGENT MUST SIGN

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
MGRM	ALLEN HALL	15959 HUNTERFIELD CT.	FT. MYERS, FL. 33908
MGRM	DARRELL HANSON	2500 MAIN ST.	FT. MYERS BEACH, FL. 33931
MGRM	MATT HANSON	2500 MAIN ST	FT. MYERS BEACH, FL. 33931

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

Allen E. Hall

Date

10/25/04

Daytime Phone #

239-466-4565

Typed or printed name of signing Managing Member/Manager

ALLEN E. HALL

CR2ED01 (10/02)