L03000023845

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAY 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000023845.

1. Limited Liability Company's Name
EAGLE Development of Sarasota County LLC

04

2. Principal Office Address	**3.** Mailing Office Address
1207 EAST GATE DR	1207 EAST GATE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FL	City & State: VENICE FL.
Zip: 34285 Country: U.S.A.	Zip: 34285 Country: U.S.A.

4. State/Country of Formation: FL ~~SARASOTA~~ U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 6-30-2003

6. FEI Number: 37147 4460. ☐ 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: LUCAS M. BROCK

Street Address (P.O. Box Number is Not Acceptable): 1207 EAST GATE DR

Suite, Apt. #, Etc.:

City: VENICE **REINSTATEMENT** 2004-2005 State: FL Zip Code: 34285

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 _____ Date 5-10-05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	LUCAS M. BROCK	1207 EAST GATE DR	VENICE FL. 34285
MGRM	JASON TAFLINGER	7423 OXFORD GARDENS CT.	APOLLO BEACH 33572
MGRM	JOHN HOUGH.	6727 CLAIRSHORE DR	APOLLO BEACH 33572
MGRM	MICHAEL RUBINO	1709 FAULDS RD S	CLEARWATER FL. 33756.

200054691412
05/17/05--01071--014 **200.00

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 5-9-05 Daytime Phone # 941.488-4418.

Typed or printed name of signing Managing Member/Manager LUCAS M. BROCK