


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
 09 NOV 13 PM 4:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

800162538438
 11/05/09--01036--009 **932.50

CR2E041 (10/08)

DOCUMENT # L03000023846

1. Limited Liability Company's Name

Glades W95, LLC

2. Principal Office Address - No P.O. Box # 132 Intracoastal Circle Suite, Apt. #, etc. City & State Tequesta, FL Zip 33469 Country USA		3. Mailing Office Address 132 Intracoastal Circle Suite, Apt. #, etc. City & State Tequesta, FL Zip 33469 Country USA	
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4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida 06/30/2003	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
 Jack R. Loving, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 1323 SE Third Avenue

Suite, Apt. #, Etc.

City
 Fort Lauderdale

State
 FL

Zip Code
 33316

☐ 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 Jack R. Loving Date 8.12.09

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	Dixie A. Houston, Co-PR The Estate of Earl F. Johns	132 Intracoastal Circle	Tequesta, FL 33469
MGRM	Daniel F. Johns, Co-PR The Estate of Earl F. Johns	4850 SW 51st Terrace	Ocala, FL 34474

JB

REINSTATEMENT 2004-09

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 Dixie Houston Date 8-12-09 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Dixie A. Houston

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JACK R. LOVING, P.A.
ATTORNEYS AT LAW
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 764 -1005
FACSIMILE (954) 764 -1499
E-MAIL DAVID@JACKRLOVINGPA.COM

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TALLAHASSEE, FLORIDA

JACK R LOVING

BOARD CERTIFIED IN:
TAXATION
WILLS, TRUSTS & ESTATES

DAVID M. SCULLY

November 3, 2009

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Glades W95, LLC

Gentlemen:

Enclosed please find the completed Limited Liability Company Reinstatement form for the above referenced entity. Also enclosed is a check in the amount of \$932.50, as payment of the reinstatement fee.

Please contact our office if there are any questions.

Sincerely,



DAVID M. SCULLY

Enclosure