

* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000180260620
05/04/10--01008--017 **416.25

CR2E041 (11/09)

DOCUMENT # L03000024860

1. Limited Liability Company's Name

Tippecanoe Bay, L.L.C.

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

2211 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

2211 S. Tamiami Tr.

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

USA

City & State

Venice, FL

Zip

34293

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

7/9/03

6. FEI Number

200079885

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

Kenneth D. Doerr

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

22 S. Links Ave.

Suite, Apt. #, Etc.

Suite #300

City

Sarasota

State

FL

Zip Code

34236

☒ 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

Kenneth D. Doerr

REGISTERED AGENT MUST SIGN

Date

4/30/10

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	Kristy S. Tingle	2211 S. Tamiami Tr	Venice, FL 34293

REINSTATEMENT 06/10/10

11. E-mail Address Kdoerr@dunlapmoran.com

(To be used for future annual report notifications)

12. 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

Kristy S. Tingle

Date

4/30/10

Daytime Phone #

941-350-9011

Typed or printed name of signing Managing Member/Manager

Kristy S. Tingle