

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029318

1. Limited Liability Company's Name

Florida Leisure Investors, LLC

CR2E041 (12/07)

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

3250 Mary Street

Suite, Apt. #, etc.

500

City & State

Miami Florida

Zip

33133

Country

USA

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/05/2003

6. FEI Number

55-0846387

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

Peter Sibley

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

3250 Mary Street

Suite, Apt. #, Etc.

500

City

Miami Florida

State

FL

Zip Code

33133

☐ 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

REGISTERED AGENT MUST SIGN

Date 6-26-08

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	Peter Sibley	3250 Mary Street Suite 500	Miami Florida 33133
MGR	Robert Sturges	3250 Mary Street Suite 500	Miami Florida 33133

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06/27/08--01043--004 **521.25

REINSTATEMENT 06-08

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 6-26-08

Daytime Phone# 305-445-4273

Typed or printed name of signing Managing Member/Manager

Peter L. Sibley