

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3000030459

1. Limited Liability Company's Name
637 Norton St., LLC

CR2E041 (8/05)

2. Principal Office Address <u>5800 Lakewood Ranch Blvd.</u>		3. Mailing Office Address <u>- Same -</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Sarasota, FL</u>		City & State	
Zip <u>34240</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FL / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8/15/03</u>	
6. FEI Number <u>02-0707488</u>	Applied For <input 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 <u>William R. Dooley</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>5800 Lakewood Ranch Blvd.</u>		
Suite, Apt. #, Etc.		
City <u>Sarasota</u>	State <u>FL</u>	Zip Code <u>34240</u>

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 _____

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
Mgr.	<u>William R. Dooley</u>	<u>5800 Lakewood Ranch Blvd.</u>	<u>Sarasota, FL 34240</u>

100069534581
04/05/06--01032--006 **250.00

REINSTATEMENT 04-06

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 William R. Dooley Date 3/13/06 Daytime Phone # 941-921-4636

Typed or printed name of signing Managing Member/Manager _____