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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUL 16 PM 3: 23

DOCUMENT # LOSPODO 31750

1. Limited Liability Company's Name

SHADY ACRE CLUB LLC

2. Principal Office Address - No P.O. Box # 640 E. Ocean Blv/ Sulte. Apt #. etc. Sulte. Apt #. etc. Sulte. Apt #. etc. Sulte. Apt #. etc. City & State Study Apt #. etc. City & State Study Apt #. etc. City & State City & State City & State Study Apt #. etc. City & State City & State Study Apt #. etc. City & State City & State Study Apt #. etc. City & State City & State City & State City & State Study Apt #. etc. City & State Study Apt #. etc. City & State			-					
Suite, Apt. #, etc. Suite Organizated or Qualified To Do Business in Florida	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (1/07)			
Suite, Apt. #, etc. Suite, Ap	,			/			NA	
City & State Stunt F L Zip Country J 4996 Street Address (P.O. Box Number is No@cosptable) Sure A Apt. F L Zip Country Street Address (P.O. Box Number is No@cosptable) Sure A Apt. F L Zip Country Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No@cosptable) Sure Apt. F L Street Address (P.O. Box Number is No. Box (P.O. Box Number is No. Post of Corp. In Number is Number in Number is No. Post of Corp. In Number is Number in Number is Number in Number in Number is Number in Numbe								
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Street Address of Current Registered Agent Name Rei H								
Name Registered Agent Signature of Registered Agent Affice Agent Must signature Agent Must signature Agent A		oo.		1 '		OF STATUS DESIRED		
A STUD FIRSTAREMENT 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. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. City State Zip Code FL 34994	8. Name and Address of Current Registered Agent							
Suite, Apt. #, Etc. City State Suite, Apt. #, Etc. City State	Keith Kilanllen				in circumstances which the entity did not			
Sute, Apt. #, Etc. City Stunt State Zip Code ST 10 10 10 10 10 10 10 1	640 E. Ocean Blud					•		
State Supported the prejistered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Addresses of Managing Members/Managers Titles Managing Members/Managers Titles Managing Members/Managers Titles Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Street Address of Each Managing Members/Managers Managing Members/Manager City/State/Zip MGRW Ke; H Kilgallen G40 E. Ocean Blud S+un+ Fl 34996 MGRW Wenner Bolls G40 E. Ocean Blud S+un+ Fl 34996 REINSTATEMENT REINSTATEMENT 11. Loestify that Lam 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of excion 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 cath.	Suite, Apt. #, Etc.					not received and requesting the \$100		
Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Names Nam	State Zip Code FL 34996				800106345438			
10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip MGRW Keith Kilghlen 640 E. Ocean Blod Strat Fl 34996 MGRW Wenner Bols 640 E. Ocean Blod Strat Fl 34996 REINSTATEMENT REGISTERED AGENT MUST SIGN Titles Managing Members/Managers City / State / Zip MGRW Keith Kilghlen 640 E. Ocean Blod Strat Fl 34996 REINSTATEMENT REGISTERED AGENT MUST SIGN MANAGING MEMBERS AND STATEMENT REGISTERED AGENT MUST SIGN MANAGING MEMBERS AND STATEMENT AND STATEM	9. I, being	appointed the registered agent of the abo	ve named limited liabilit	ty company, am familiar with and	accept the obligat	tions of Chapter 608, F.S.		
Name of Managing Members/Managers Street Address of Each Managing Members/Manager MGRW Keith Kilgallen 640 E. Ocean Blud Stuart Fl 34996 MGRW Wenner Bols 640 E. Ocean Blud Start, FL 34996 REINSTATEMENT REINSTATEMENT 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company names 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.	Registered Agent /) / / / / / / / / Date //// ZOO 7							
MGRW Keith Kilgallen 640 E. Ocean Blud Stuart, Fl 34996 MGRW Wenner Bols 640 E. Ocean Blud Stuart, Fl 34996 REINSTATEMENT 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 filling 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 cath.	10. Nam	es and Street Addresses of Managing Men	nbers/Managers					
MGRUM WELLEY BUS 640 E. Occam Blow Start, FL 34996 REINSTATEMENT RE 100.000 REINSTATEMENT ACCY — ACCY Ill. 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.	Titles		are	Street Address of Each Managing Member/Mana	n ger	City / State / Zip		
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Typed or printed name of signing Managing Member/Manager /Keith Kilga/len	Signature of Manager Lette State Date 7/11/2017 Daytime Phone # 772 485-1901							
	Typed or p	t rinted name of signing Managing Memberi	Manager <u>Ke</u> j	th Kilgalle	<u> </u>			