

L03000031750

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 3:23

DOCUMENT # L03000031750

1. Limited Liability Company's Name

SHADY ACRE CLUB LLC

CR2E041 (1/07)

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

640 E. OCEAN BLVD

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

3. Mailing Office Address

640 E. OCEAN BLVD

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

4. State/Country of Formation

Florida

NA
PARTIAL

5. Date Organized or Qualified
To Do Business in Florida

08/20/2003

6. FEI Number

NONE

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

Keith Kilgallen

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

640 E. OCEAN BLVD

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

☐ 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.

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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

Keith S. Kilgallen

REGISTERED AGENT MUST SIGN

Date 7/11/2007

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	Keith Kilgallen	640 E. Ocean Blvd	Stuart, FL 34996
MGRM	Werner Bols	640 E. Ocean Blvd	Stuart, FL 34996
	FF \$000.00		
	RF 100.00		

REINSTATEMENT
2004-2007
BLT
Velt

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

Keith S. Kilgallen

Date 7/11/2007

Daytime Phone #

772 485-1901

Typed or printed name of signing Managing Member/Manager

Keith Kilgallen