


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 27 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L03000036419**

1. Limited Liability Company's Name

CYPRESS DUNES, LLC

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

3763 ROGERS BRIDGE

Suite, Apt. #, etc. **—**

City & State

DULUTH GA

Zip

30097

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-24-03

6. FEI Number

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

WILLIAM LIVINGSTON

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

5597 US HIGHWAY 98 WEST

Suite, Apt. #, Etc.

SUITE 200

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

☒ 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

William Livingston

Date

03-23-07

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
MEM	JOHN WILLIS	3763 ROGERS BRIDGE ROAD	DULUTH GA 30097

000095997880
04/05/07--01039--002 **155.00

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 Livingston

Date

03-23-07

Daytime Phone #

850-685-4285

Typed or printed name of signing Managing Member/Manager

Attorney and Authorized Representative

30820