

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
DIVISION

07 JUN 13 PM 2:38

DOCUMENT # L04000010536

1. Limited Liability Company's Name

Pete's Ponds LLC

300104449633
06/18/07--01004--004 **150.00

CR2E041 (1/07)

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

59 Turtle Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

59 Turtle Ct.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Bch, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. State/Country of Formation

FL Walton

5. Date Organized or Qualified
To Do Business in Florida

1995

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

Peter K. Wilson

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

59 Turtle Ct.

Suite, Apt. #, Etc.

City

Santa Rosa Bch

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

Peter K. Wilson

Date

6-7-09

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	Peter K. Wilson	59 Turtle Ct.	Santa Rosa Bch, FL 32459

REINSTATEMENT

05-07

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

Peter K. Wilson

Date

6-7-09

Daytime Phone #

850-865-7039

Typed or printed name of signing Managing Member/Manager

Peter K. Wilson