

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/02/08--01031--001 **100.00

CR2E041 (10/08)

DOCUMENT # L04000016485

1. Limited Liability Company's Name

ORMONDE HOLDINGS, L.L.C.

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

6140 Tidewater Island Circle

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Office Address

6140 Tidewater Island Circle

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/02/2004

6. FEI Number

20-1088026

☐ 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

Law Offices of Jason R. Maughan, P.A.

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

1101 Periwinkle Way

Suite, Apt. #, Etc.

Suite 103

City

Sanibel

State

FL

Zip Code

33957

☐ 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

REGISTERED AGENT MUST SIGN

Date December 1, 2008

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	Judith M. Maughan	6140 Tidewater Island Circle	Fort Myers, FL 33908
			508254900300
			915/08-90065-014
			\$138.75

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

Date 12/01/08

Daytime Phone # 239-472-2424

Typed or printed name of signing Managing Member/Manager Judith M. Maughan