

PLEASE READ ALL 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

08 JAN 30 AM 10:16

DOCUMENT # L04000036542

1. Limited Liability Company's Name

Black Creek Harbor, LLC

400116457084
01/30/08--01033--005 **277.50

CR2E041 (12/07)

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

1540 Baytowne Avenue North

Suite, Apt. #, etc.

3. Mailing Office Address

1540 Baytowne Avenue North

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

City & State

Miramar Beach, FL

Zip

32550

Country

USA

Zip

32550

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

5/13/04

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

Milam Howard Nicandri Dees & Gillam, P.A.

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

Suite, Apt. #, Etc.

1540 Baytowne Avenue North

City

Jacksonville

State

FL

Zip Code

32202

☒ 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

[Signature] PRESIDENT

REGISTERED AGENT MUST SIGN

Date January 4, 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
MGR	Wayne W. Lyle	1540 Baytowne Avenue North	Miramar Beach, FL 32550
mgr	DAHL KEELER ENTERPRISES, LLC	39301 LONGHILL LN.	ALDIE, VA 20105
	REINSTATEMENT	2007, 2008	

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

1-4-08

Daytime Phone#

904 357 3660

Typed or printed name of signing Managing Member/Manager

Wayne Lyle