

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000036863

1. Limited Liability Company's Name

312 SMUG HARBOR, LLC

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

312
303 PERIWINKLE WAY

Suite, Apt. #, etc.

312

City & State

SANIBEL, FL.

Zip

33957

Country

LEE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/14/2004

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

RICHARD WALLACE

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

303 PERIWINKLE WAY

Suite, Apt. #, Etc.

312

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

Richard Wallace

REGISTERED AGENT MUST SIGN

Date 3/19/07

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
<u>MGRM</u>	<u>RICHARD WALLACE</u>	<u>303 PERIWINKLE WAY</u> <u># 312</u>	<u>SANIBEL, FL. 33957</u>
			<u>500101772235</u> <u>05/08/07--01010--001 **150.00</u>
			<u>500101772235</u> <u>05/08/07--01010--002 **100.00</u>
			REINSTATEMENT <u>05-07</u>

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

Richard Wallace

Date 3/19/07 Daytime Phone # 239-472-0922

Typed or printed name of signing Managing Member/Manager

RICHARD WALLACE