

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 16 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **L04000039596**

1. Limited Liability Company's Name

ISLAND RUNNER TEQUESTA, FLORIDA, LLC

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

5592 SE REEF WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip

34997

Country

USA

Zip

Country

4. State/Country of Formation

FL-USA

5. Date Organized or Qualified
To Do Business in Florida

5-25-2004

6. FEI Number

20-1190045

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

CHARLES R. L. WHITE

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

725 N. A1A

Suite, Apt. #, Etc.

E-102

City

JUPITER

State

FL

Zip Code

33477

☒ 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

Date

4/14/09

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
MGRM	CHRISTIAN J. THOMAS	5592 SE REEF WAY	STUART, FL 34997
			900150538479 04/16/09--01006--001 **\$16.25
			900150538479 04/16/09--01006--002 **\$5.00

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

Date

4-14-09

Daytime Phone #

561-745-8307

Typed or printed name of signing Managing Member/Manager

CHRISTIAN J. THOMAS