

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 17 AM 11:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045262

1. Limited Liability Company's Name

EMERALD BREEZE DEVELOPERS, LLC

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

3000 Langley Avenue

Suite, Apt. #, etc.

Suite 402

City & State

Pensacola, FL

Zip

32504

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida**

06/14/2004

6. FEI Number

20-1272185

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Edsel F. Matthews, Jr.

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

308 South Jefferson Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

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

Edsel F. Matthews, Jr.
REGISTERED AGENT MUST SIGN

Date

8-12-09

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	FLM Coastal Enterprises, LLC	3000 Langley Ave., Ste. 402	Pensacola, FL 32504
MGRM	Hit 55 Properties, LLC	12815 Pacifica Place	Tampa, FL 33625

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

Edsel F. Matthews, Jr.
8/12/09

Daytime Phone #

850-432-1300

Typed or printed name of signing Managing Member/Manager

FLM Coastal Enterprises, LLC by Edsel F. Matthews, Jr.