

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY 27 PM 2:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # L04000049721

1. Limited Liability Company's Name

INTRACOASTAL POINTE II PARTNERS, LLC

600156131486
05/18/09--01029--008 ***416.25
CR2E041 (10/08)

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

108 INTRACOASTAL POINTE DR.

Suite, Apt. #, etc.

100

City & State

JUPITER, FL

Zip

33477

Country

PALM BEACH

3. Mailing Office Address

108 INTRACOASTAL POINTE DR.

Suite, Apt. #, etc.

100

City & State

JUPITER, FL

Zip

33477

Country

PALM BEACH

4. State/Country of Formation

FLORIDA/PALM BEACH

5. Date Organized or Qualified

To Do Business in Florida **JULY 2, 2004**

6. FEI Number

203143664

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 H. BURNS

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

108 INTRACOASTAL POINTE DRIVE

Suite, Apt. #, Etc.

100

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

REGISTERED AGENT MUST SIGN

Date **MAY 14, 2009**

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	JUPITER MAPLEWOOD, LLC	5901 TIDE WATER DR	JUPITER, FL 33458
MGR	F&D PETROLEUM, INC.	5901 TIDE WATER DR	JUPITER, FL 33458
			S. HAWKES
			MAY 28 2009
			EXAMINER

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

Charles H. Burns

Date **5/14/2009**

Daytime Phone # **561-747-2600**

Typed or printed name of signing Managing Member/Manager **CHARLES H. BURNS**

REINSTATEMENT
2007-09