

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 SEP 28 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 28 PM 2:22

DOCUMENT # L04000059859

1. Limited Liability Company's Name
Eagle Point, LLC

2. Principal Office Address - No P.O. Box #
2211 Thomas Dr.

Suite, Apt. #, etc

City & State
Panama City Beach, FL

Zip
32408

Country

3. Mailing Office Address
2211 Thomas Dr.

Suite Apt. #, etc

City & State
Panama City Beach, FL

Zip
32408

Country

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 08/12/2004

6. FEI Number
05-0607140

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
Jimmie H. Roberson

Street Address (P.O. Box Number is Not Acceptable) Suite,
2211 Thomas Dr.

Apt. #, Etc.

City
Panama City Beach

State
FL

Zip Code
32408

Reinst
15-22

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-20-22

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Jimmie H. Roberson	2211 Thomas Dr.	Panam City Beach, FL 32408
MGR	Randall D. Jones	P.O. Box 13876	Tallahassee, FL 32317
MGR	Talmage E. Brock	3902 N. Jefferson St.	Monticello, FL 32344

11. E-mail Address: ssmith@jra-arch.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9-20-22

Daytime Phone #

850-866-8006

Typed or printed name of signing authorized representative/member Jimmie H. Roberson