

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 19 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000059947

1. Limited Liability Company's Name

Roaring Fork Lodge, LLC

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

731 No. Garland Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

731 No. Garland Avenue

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
USA

Zip
31801

Country
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/12/2004

6. FEI Number

51-0649603

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

Kenneth Neal Whitmore

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

1338 SW Ivanhoe Boulevard

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32804

☐ 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

Kenneth Neal Whitmore

REGISTERED AGENT MUST SIGN

Date

10/10/07

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
Mgrm	Kenneth Neal Whitmore	1338 SW Ivanhoe Blvd	Orlando, FL 32804
Mgrm	Lynne H. Whitmore	1338 SW Ivanhoe Blvd	Orlando, FL 32804

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10/19/07--01049--023 **250.00

REINSTATEMENT

05-01

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

Kenneth Neal Whitmore

Date

10/10/07

Daytime Phone # **407/496-6195**

Typed or printed name of signing Managing Member/Manager

Kenneth Neal Whitmore

and **407 496-6194**