


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000060890		
1. Entity Name FROSTPROOF LAKEFRONT RESORT, LLC		

Principal Place of Business 4081 ESCONDITO CIR SARASOTA, FL 34238	Mailing Address 4081 ESCONDITO CIR SARASOTA, FL 34238
---	---

2. Principal Place of Business - No P.O. Box # 1770 N. Tamiami Trail	3. Mailing Address 1770 N. Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34236	Zip 34236
Country	Country

6. Name and Address of Current Registered Agent TSIGOUNIS, STANLEY A 4081 ESCONDITO CIR SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name: Terry L. Fine Street Address (P.O. Box Number is Not Acceptable): 1770 N. Tamiami Trail City: Sarasota FL Zip Code: 34236
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: /s/ Jerry L. Fine DATE: 9/25/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSIGOUNIS, STAN 4081 ESCONDITO CIR SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ester J. Shelton 350 Golden Gate Yount - Unit 31 Sarasota FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Terry L. Fine <del>350 Golden Gate Yount - Unit 31</del> 1770 N. Tamiami Trail Sarasota FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110206704 10/03/07--01008--012 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /s/ Jerry L. Fine DATE: 9/25/07 373-9378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

07 SEP 26 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09252007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-1499590

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required