FILET

		TILEU
PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETING THIS FORM.
COMPANY FLORIDA	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # LOY 00065896 1. Limited Liability Company's Name		
Pomaes of Crescent Beach		ODOTO44 (40/00)
2. Principal Office Address - No P.O. Box #	Office Address	CR2E041 (10/08)
\(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALA South	4. State/Country of Formation
Suite, Apt. #, etc.	eic.	5. Date Organized or Qualified /
City & State	10. 4 () 0	To Do Business in Florida Sept 2004 6. FEI Number Applied For
St. Hugustine KL St. Au Zip Country Zip 0	Country	76-0766034 Not Applicable
32080 VSA 320	80 VSA	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Regis	stered Agent	
Matthew C. Skenes		
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100 reinstatement be waived.
city St. Augustine	State Zip Code FL 3208()	
9. I, being appointed the registered agent of the above named limits	ed liability company, am familiar with and a	accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Date 3:2-09 (March 2, 2009)		
	GENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers Name of	Street Address of Each	
Titles Managing Members/Managers	Managing Member/Manag	
MGRM Mathen Skenes	1896 AIA Suh	St. Augustine, H. 32080
MGRM Nancy Skenes	6896 AIA South	St. Avoustine, Fl. 32080
		03/03/0901032017 **793.75
		- no all
ALVICACE CE	RENT	00)- 1001 Msp
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 firmted itability 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	Date 3.2-	Daytime Phone# 904.471.3033
Typed or printed name of signing Managing Member/Manager MAHNUW C Skends		