

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:21

DOCUMENT # L04000066306

1. Limited Liability Company's Name

Stump Pass-EAT, LLC

CR2E041 (8/05)

2. Principal Office Address

260 Maryland Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 349

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34224

Country

USA

Zip

34275

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/9-2004

6. FEI Number

20-1639468

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

Mark Lindsey

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

260 Maryland Ave.

Suite, Apt. #, Etc.

City

Englewood, FL

State

FL

Zip Code

34224

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

Mark E. Lindsey

Date

12/12/06

REGISTERED AGENT MUST SIGN

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
MMgr	Betty S. Lindsey	6483 Spy Glass Lane	Stuart, FL 34997

000082710330

12/21/06--01038--007 **200.00

REINSTATEMENT 05-06

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

Betty S. Lindsey

Date

12/12/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Betty S. Lindsey