

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 14 AM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L04000067844

1. Limited Liability Company's Name

Tortuga, LLC

CR2E041 (10/08)

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

101 Plantation Circle

Suite, Apt. #, etc.

3. Mailing Office Address

101 Plantation Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32092

Country

US

Zip

32082

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida 09/15/2004

6. FEI Number

201674443

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name

Francis Realty and Property Management Company

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

101 Plantation Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

Date 8/14/2009

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
MGRM	Francis Realty and Property Mgmt. Co.	101 Plantation Circle	Ponte Vedra Beach, FL 32082

200159704138
08/18/09--01032--006 **\$655.00

REINSTATEMENT 06-09

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

Date 8/14/2009

Daytime Phone# (904) 338-6735

Typed or printed name of signing Managing Member/Manager Francis Realty and Property Management Co.