

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000068720

1. Limited Liability Company's Name

OCEAN END, L.L.C.

SECRET
DIVISION

07 DEC 14 PM 3:31

200112949212
12/07/07--01043--013 **200.00

CR2E041 (1/07)

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

1203 Captain's Way
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 938
Suite, Apt. #, etc.

City & State

Jupiter, FL 33477

City & State

Jupiter, FL

Zip

33477

Country

USA

Zip

33468

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

9/17/04

6. FEI Number

90-0226266

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

Gail H. Pratt

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

1203 Captain's Way

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

☐ 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

Gail H. Pratt

REGISTERED AGENT MUST SIGN

Date 11-28-07

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 |
|------------|--------------------------------------|---|--------------------------|
| <u>MAN</u> | <u>Gail H. Pratt</u> | <u>1203 Captain's Way</u> | <u>Jupiter, FL 33477</u> |
| <u>SEC</u> | <u>Charles F. Pratt</u> | <u>1203 Captain's Way</u> | <u>Jupiter, FL 33477</u> |
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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

Gail H. Pratt

Date 11-28-07

Daytime Phone # 609-304-6636

Typed or printed name of signing Managing Member/Manager

Gail H. Pratt