

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 APR 25 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/20/12--01045--007 **932.50
CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000074667

1. Limited Liability Company's Name

714 South Street, LLC

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

714 South Street

Suite, Apt. #, etc.

3. Mailing Office Address

714 South Street

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

U.S.A.

Zip

33040

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/14/2004

6. FEI Number

20-1855829

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 **Paul S. Mills, C.P.A.**

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

1541 Fifth Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

E-mail Address:

pmillscpa@aol.com

(To be used for future annual report notices)

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

Paul S. Mills CPA

Date **4/16/2012**

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	Claude F. Harris (Trustee)	830 Simonton Street	Key West, FL 33040

REINSTATEMENT 01-12

04-20-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

C. Harris

Date **4-16-12** Daytime Phone # **(305) 293-3099**

Typed or printed name of signing Managing Member/Manager **Claude F. Harris**