

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 04000078393**

1. Limited Liability Company's Name

165 AUGUSTINE ISLAND WAY, LLC

CR2E041 (10/09)

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

6 FAIRFIELD BLVD

3. Mailing Office Address

2800 N STARRY NIGHT WAY

State/Country of Formation **FL / ST. JOHNS**

Suite, Apt. #, etc.

STE 3

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida

10/28/2004

City & State

POINTE VEDRA BCH, FL

City & State

CHINO VALLEY, AZ

6. FEI Number

20-1866383

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

86323

Country

YAVAPAI

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LESTER GARRIPEE

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

6 FAIRFIELD BLVD

Suite, Apt. #, Etc.

STE 3

City

POINTE VEDRA BCH

State

FL

Zip Code

32082

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 recieved and requesting the \$100 reinstatement fee 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

[Signature]

Date

11/5/09

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
MEM	LESTER GARRIPEE	2800 N. STARRY NIGHT WAY	CHINO VALLEY, AZ 86323

REINSTATEMENT

[Handwritten initials]

100162646801
11/09/09--01089--026 **298.75

11. E-mail Address: **LESTG@Q.COM**

(To be used for future annual report notifications)

100162646801
11/30/09--01010--024 **138.75

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

[Signature]

Date

11/5/09

Daytime Phone # **928 6366167**

Typed or Printed name of signing Managing Member/Manager

LESTER GARRIPEE