

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000081172

1. Limited Liability Company's Name

REDFISH HARBOR, LLC

2. Principal Office Address

223 W. Gregory

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

3. Mailing Office Address

223 W. Gregory

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/8/04

6. FEI Number

03-0550091

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

Albertelli & Associates, P.L.

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

330 A1A North

Suite, Apt. #, Etc.

Ste. 324

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|---------------------|
| Member | Matthew Pair | 223 W. Gregory St. | Pensacola, FL 32502 |
| Member | Ashton Hayward, III | 223 W. Gregory St. | Pensacola, FL 32502 |
| Member | Allan Bell | 223 W. Gregory St. | Pensacola, FL 32502 |
| Member | Cody Rawson | 223 W. Gregory St. | Pensacola, FL 32502 |
| | | | |
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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

Date

10-3-05

Daytime Phone #

850-944-8005

Typed or printed name of signing Managing Member/Manager

Cody Rawson, Managing Member