

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 30 AM 7:53

DOCUMENT # L04000083594

1. Limited Liability Company's Name

Regatta Pointe Ventures, LLC

Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Walton Co., Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-1887596

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

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

Suite, Apt. #, etc.

City

~~De Funiak Springs, FL~~ - Managing Member, Catherine King

~~300063963619~~ 86 Peacock Rd.

~~01/18/06--01047--004 \*\*150.00~~

~~De Funiak Springs, FL~~ State FL Zip Code 32433

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

~~De Funiak Springs, FL~~ Catherine King 9/12/05  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Managing Member/Manager	City, State, Zip
VP	JANET J. Hurst	1396 US Hwy 90W	Ponca De Leon FL 32458
Pres.	Catherine King, Managing Member	86 Peacock Rd	De Funiak Spgs. FL 32433
Tres.	Carolyn Dixon	139 Peacock Rd	De Funiak Spgs. FL 32433
Sec.	Virginia Pridgen, 40B Hwy 181 West	<del>De Funiak Spgs, FL</del>	De Funiak Spgs., FL 32433

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

~~De Funiak Springs, FL~~ Catherine King  
Typed or printed name of signing Managing Member/Manager

Date

9/12/05

Daytime Phone

(850) 892-6425