

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000000158

1. Limited Liability Company's Name

**8770 MIDNIGHT PASS II, LLC**

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

**8764 MIDNIGHT PASS**

Suite, Apt. #, etc.

**A-401**

City & State

**SARASOTA, FL**

Zip

**34242**

Country

**USA**

3. Mailing Office Address

**3681 FOLLY QUARTER RD**

Suite, Apt. #, etc.

City & State

**ELLCOTT CITY, MD**

Zip

**21042**

Country

**USA**

8. Name and Address of Current Registered Agent

Name  
**LAWRENCE & LOIS HYMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8764 MIDNIGHT PASS**

Suite, Apt. #, Etc.

**A-401**

City  
**SARASOTA**

State

**FL**

Zip Code

**34242**

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 **8/3/2007**

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| M      | LAWRENCE R HYMAN                     | 3681 FOLLY QUARTER RD                             | ELLCOTT CITY / MD / 21042 |
| M      | LOIS W HYMAN                         | 3681 FOLLY QUARTER RD                             | ELLCOTT CITY / MD / 21042 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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 **8/3/2007**

Daytime Phone # **410-531-2638**

Typed or printed name of signing Managing Member/Manager

**LAWRENCE R HYMAN**

**FILED**

2007 AUG 20 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**900108700479**  
08/28/07--01018--013 \*\*105.00

CR2E041 (1/07)

4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified  
To Do Business in Florida **1/1/2005**

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

**REINSTATEMENT**

**06-07**