

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 26 AM 11:43

DOCUMENT # L05000001588

1. Limited Liability Company's Name

The Verandah of St. Pete LLC

CR2E041 (12/07)

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

4301 31st. St. South

Suite, Apt. #, etc.

3. Mailing Office Address

4301 31st St. South

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

Zip

33712

Country

USA

Zip

33712

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

Jan. 11, 2005

6. FEI Number

56-2495145

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

Bridget LaPoint

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

4301 31st. St. South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

☒ 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.

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

Bridget LaPoint
REGISTERED AGENT MUST SIGN

Date February 19, 2008

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
Owner	Bridget LaPoint	4301 31st St. South	St. Petersburg, FL 33712

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02/26/08--01027--024 **416.25

REINSTATEMENT

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

Bridget LaPoint

Date Feb 19, 08

Daytime Phone # 727-504-8316

Typed or printed name of signing Managing Member/Manager

Bridget LaPoint