

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600139070216
12/16/08--01031--008 **521.25

CR2E041 (10/08)

DOCUMENT # L05000005890

1. Limited Liability Company's Name

LINDA, LLC

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

897 Indian Lane

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

Zip
32963

Country

3. Mailing Office Address

897 Indian Lane

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

Zip
32963

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

January 19, 2005

6. FEI Number

51-6568010

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

Vance W. Houdyshell

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

897 Indian Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☒ 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.

600139070216

02/02/09 01056-002 **163.75

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

Vance W. Houdyshell

Date 12-11-2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	REINSTATEMENT		City / State / Zip
	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	
MGRM	Vance W. Houdyshell, as Personal Representative	897 Indian Lane	Vero Beach, FL 32963
	of The Estate of Lucinda W. Eddy, deceased, Indian River County Cir- cuit Court File No. P-2005-0542.		
MGRM	James E. Houdysell, II, as Personal Representative	22 Starfish Drive	Vero Beach, FL 32960
	of The Estate of Lucinda W. Eddy, deceased, Indian River County Cir- cuit Court File No. P-2005-0542.		
MGRM	Wilmington Trust, FSB, a Federally chartered bank	800 S.E. Monterey Comm- ons Blvd., Suite 100	Stuart, Florida 34996
	ing corporation, as Personal Representative of The Estate of Lucinda W. Eddy, dec'd., Indian River County Circuit Court File No. P-2005-0542		

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 12-11-2008 Daytime Phone # (772) 633-7631

Typed or printed name of signing Managing Member/Manager Vance W. Houdyshell

SEE ATTACHED PAGE 2 FOR ADDITIONAL SIGNATURES

CERTIFIED COPY OF MANAGING MEMBERS' LETTERS OF ADMINISTRATION ALSO ATTACHED

2 of 2

FLORIDA DEPARTMENT OF STATE - DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT APPLICATION

PAGE 2 OF REINSTATEMENT APPLICATION FORM FOR LINDA, LLC

DOCUMENT NO. L000005890

FILED

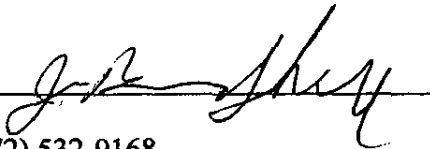
2009 JUL -7 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGING MEMBER CERTIFICATIONS AND SIGNATURES, ONLY (Block 11)

I CERTIFY that I am a Managing Member/Manager or the Receiver or Trustee empowered to execute this application as provided for in Chapter 608, Florida Statutes. 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:



Date:

12-1-08

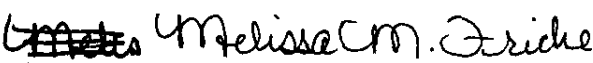
Daytime Telephone Number: (772) 532-9168

Typed Name of Signing Managing Member: James E. Houdyshell, Personal Representative.

I CERTIFY that WILMINGTON TRUST, FSB, a Federally chartered banking corporation, is empowered to execute this application as provided for in Chapter 608, Florida Statutes, by and through me as its duly authorized Officer. 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 correct, and my signature shall have the same legal effect as if made under oath.

Wilmington Trust, FSB, a Federally chartered banking corporation, as Personal Representative.

by



MELISSA M. FRICKE, as its Vice President

Date:

11/17/08

Daytime Telephone Number: (561) 630-2139