

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000019806

1. Limited Liability Company's Name

SHELL POINT, LLC

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

400 Avenue K, SE

Suite, Apt. #, etc.

Bldg 3

City & State

Winter Haven, Florida

Zip

33880

Country

USA

3. Mailing Office Address

Post Office Box 3096

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

Zip

33885

Country

USA

4. State/Country of Formation

Florida / Polk

5. Date Organized or Qualified

To Do Business in Florida 2/28/2005

6. FEI Number

202428860

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

Brian K. Swain

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

400 Avenue K, SE

Suite, Apt. #, Etc.

Bldg 3

City

Winter Haven,

State

FL

Zip Code

33880

☐ 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

Date 6-26-09

REGISTERED AGENT MUST SIGN

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
MGRM	Brian K. Swain	400 Avenue K, SE, Bldg 3	Winter Haven, Florida 33880

REINSTATEMENT 08, 09

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 6-26-09

Daytime Phone# (863) 299-9019

Typed or printed name of signing Managing Member/Manager Brian K. Swain

FILED

09 JUN 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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N. O'Brien JUL 1 2009