

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 MAR 31 PM 3:55

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03/24/08--01005--007 **282.50

CR2E041 (12/07)

DOCUMENT # L05 0000 28093

1. Limited Liability Company's Name

The Highlands at lake Talquin, LLC

W08-12828

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

29 Avenue E

Suite, Apt. #, etc.

Suite 2

City & State

Apalachicola FL

Zip

32320

Country

USA

3. Mailing Office Address

P.O Box 1077

Suite, Apt. #, etc.

City & State

Apalachicola FL

Zip

32329

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
to do business in Florida

0/05

6. FEI Number

26-0109647

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

Herbert Witt

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

29 Avenue E

Suite, Apt. #, Etc.

Suite 2

City

Apalachicola

State

FL

Zip Code

32320

☐ 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.

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.
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

H. Press Witt

REGISTERED AGENT MUST SIGN

Date

2/25/08

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	Herbert P Witt	29 Avenue E Suite 2	Apalachicola FL, 32320
MGRM	Jamse Green	4434 Gearheart RD. #2704	Tallahassee FL, 32303

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02/27/08--01043--007 **238.75

REINSTATEMENT

06-08

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

H. P. Witt

Date

2/25/08

Daytime Phone #

850 633-1200

Typed or printed name of signing Managing Member/Manager

Herbert Press Witt