

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 AUG 18 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242009 REIN-LLC CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGEE, JOEL

~~314 INLET WAY # 203~~

~~PALM BEACH SHORES, FL 33404~~

1162 So. Harbor Blvd
Singer Island,
FL 33404

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-2-09

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MAGEE, JOEL
STREET ADDRESS ~~314 INLET WAY # 203~~
CITY- ST- ZIP ~~PALM BEACH SHORES, FL 33404~~

TITLE ☐ Change ☐ Addition
NAME **800159703978**
STREET ADDRESS **08/18/09--01032--003 **277.50**
CITY- ST- ZIP

TITLE ☐ Delete
NAME 1162 So. Harbor Blvd
STREET ADDRESS Singer Island, FL
CITY- ST- ZIP 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561.842.3000

REINSTATEMENT 08-09
OK 8-19-09