

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -3 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700136488977
09/30/08--01030--002 **521.25

CR2E041 (10/08)

DOCUMENT # L 05000031923

1. Limited Liability Company's Name

THREE PALMS ISLE, LLC

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

35246 US Hwy 19 North

Suite, Apt., etc.

317

3. Mailing Office Address

35246 US Hwy 19 North

Suite, Apt., etc.

317

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. State/Country of Formation

FLA

**5. Date Organized or Qualified
To Do Business in Florida**

4/1/05

6. FEI Number

20-2655867

☐ 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

STEPHEN THOMPSON

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

35246 US Hwy 19 NORTH

Suite, Apt., etc.

317

City

PALM HARBOR

State

FL

Zip Code

34684

☐ 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

REGISTERED AGENT MUST SIGN

Date

9/26/08

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	STEPHEN THOMPSON	35246 US Hwy 19N	Palm Harbor, FL 34684

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

9/26/08

Daytime Phone#

866-842-8847

Typed or printed name of signing Managing Member/Manager

STEPHEN THOMPSON