

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05 0000 34587

1. Limited Liability Company's Name

Four Palms Plaza LLC

700176181777
04/19/10--01005--024 **593.75

CR2E041 (11/09)

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

1865 Tamiami Trl S

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34293 USA

3. Mailing Office Address

1865 Tamiami Trl S

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34293 USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

9-15-06

6. FEI Number

NONE

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

Latimer C. Farr

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

1865 Tamiami Trl S

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

☒ 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 4-15-10

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
<u>MGR</u>	<u>Latimer C Farr II</u>	<u>1865 Tamiami Trl S</u>	<u>Venice FL 34293</u>
<u>MGR</u>	<u>Gary Weishaar</u>	<u>1865 Tamiami Trl S</u>	<u>Venice FL 34293</u>

JB

REINSTATEMENT 2006-10

11. E-mail Address: lat@farragency.com

(To be used for future annual report notifications)

12. 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 4-15-10

Daytime Phone # 941-493-9000

Typed or printed name of signing Managing Member/Manager

Latimer C. Farr