

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000039314

1. Limited Liability Company's Name

Country Club Shores II, LLC

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

50 Central Ave

Suite, Apt. #, etc.

Ste 900

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Office Address

50 Central Ave

Suite, Apt. #, etc.

Ste. 900

City & State

Sarasota FL

Zip

34236

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4-21-05

6. FEI Number

20-2779229

☐ 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

John Tosch

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

50 Central Ave

Suite, Apt. #, Etc.

Ste 900

City

Sarasota

State

FL

Zip Code

34236

☐ 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 5-26-09

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>MGRM</u>	<u>Vernon G. Buchanan</u>	<u>50 Central Ave. Ste 900</u>	<u>Sarasota, FL 34236</u>
			<u>300156684673</u>
			<u>06/02/09 - 01030 - 025 **516.25</u>
			<u>S. HAWKES</u>
			<u>JUN 3 - 2009</u>
			<u>EXAMINER</u>

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 5-26-09

Daytime Phone #

941-556-4180

Typed or printed name of signing Managing Member/Manager