

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 19 PM 1:21

DOCUMENT # L05000060493

1. Limited Liability Company's Name

Southwhitehead, LC

900237624130
07/19/12--01016--024 **566.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1315 Whitehead Street

3. Mailing Office Address
PO Box 1146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip
33040

Country
USA

Zip
33040

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **June 17, 2005**

6. FEI Number
203142917

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
Jim Nichols

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

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

E-mail Address:

cindy@keyslaw.net

(To be used for future annual report notices)

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

Date **7/18/12**

REGISTERED AGENT MUST SIGN

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	James Nichols	490 Martel Drive	Bloomfield Hills, MI 48304

REINSTATEMENT

2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

7/18/12

Daytime Phone #

305 294 0252

Typed or printed name of signing Managing Member/Manager