

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 SEP 15 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600159274496
08/05/09--01029--003 **\$555.00

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LD5-84237

1. Limited Liability Company's Name

ISLAND RESORT, LLC

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

180 SUNRISE DRIVE

Suite, Apt. #, etc.

PO BOX 1258

City & State

TAVERNIER, FLORIDA

Zip

33070

Country

UNITED STATES

3. Mailing Office Address

POST OFFICE BOX 1258

Suite, Apt. #, etc.

City & State

TAVERNIER, FLORIDA

Zip

33070-1258

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/25/2005

6. FEI Number

20-3360283

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

CHARLES F SPOSATO

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

180 SUNRISE DRIVE

Suite, Apt. #, Etc.

PO BOX 1258

City

TAVERNIER

State

FL

Zip Code

33070

☒ 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 08/03/2009

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>MANAGING MEMBER</u>	<u>CHARLES F SPOSATO</u>	<u>180 SUNRISE DRIVE</u>	<u>TAVERNIER, FL 33070</u>

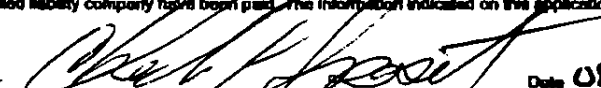
REINSTATEMENT
L. SELLERS

SEP 16 2009

EXAMINER

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 08/03/2009

Daytime Phone # (443) 553-7333

Typed or printed name of signing Managing Member/Manager

CHARLES F SPOSATO