

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07/06/10--01061--006 **272.50

DOCUMENT # L05000093403

1. Limited Liability Company's Name

PALMA VISTA BAY LLC.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 505 25th STREET		3. Mailing Office Address 945 QUENTIN AVE SO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON		City & State LAKELAND MN	
Zip 34205	Country MANATEE	Zip 55043	Country WASH.

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

14-1958289

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
MICHAEL PHIPPEN

06/01/10--01044--020 **105.00

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

505 25th STREET

Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34205

200182960022
07/06/10--01061--006 **272.50

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

Michael Phippen
REGISTERED AGENT MUST SIGN

Date 6/30/10

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
MBR	MICHAEL PHIPPEN	945 QUENTIN AVE SO	LAKELAND, MN 55043
MBR	MICHAEL REILLY	9701 MEADOWLARK LN	CHANDLER, MN 55317

REINSTATEMENT 09.10

11. E-mail Address: MICHAEL E PHIPPEN@GMAIL.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

Michael Phippen

Date 6-30-10

Daytime Phone # 941-518-5841

Typed or printed name of signing Managing Member/Manager