

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 29 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000106176

1. Limited Liability Company's Name

Dutton Island, LLC

CR2E041 (10/08)

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

416 Third Street S.

3. Mailing Office Address

416 Third Street S.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville Beach

City & State

Jacksonville Beach

Zip

32250

Country

USA

Zip

32250

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/31/2005

6. FEI Number

20-3907535

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

Jeff Klotz

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

416 Third Street S.

Suite, Apt. #, Etc.

Suite 1

City

Jacksonville Beach

State

FL

Zip Code

32250

☒ 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

Date

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	Jeff Klotz	416 Third Street S.	Jacksonville Beach 32250

900148290989
04/01/09--01034--014 **555.00

REINSTATEMENT

07-09
AL

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

Daytime Phone #

904 514-1090

Typed or printed name of signing Managing Member/Manager