

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAY 25 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L05000119104

1. Limited Liability Company's Name

Tamarind Properties, LLC  
L05000119104

200172879292  
03/23/10--01011--020 \*\*238.75

CR2E041 (11/09)

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

4960 Tamarind Ridge Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34119

Country

USA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/9/05

6. FEI Number

01-0954616

☒ 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 LaPlatte

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

4960 Tamarind Ridge Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

☐ 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.

200172879292  
05/25/10--01009--011 \*\*416.25

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 LaPlatte*

REGISTERED AGENT MUST SIGN

Date 3/17/2010

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
MGR	Michael LaPlatte	4960 Tamarind Ridge Dr.	Naples FL 34119
REINSTATEMENT			
2007-2010			
1055.00			
over 416.25			

11. E-mail Address: appraisals@laplatteappraisals.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 LaPlatte*

Date 3/17/2010

Daytime Phone # 239-269-8891

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