

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB 12 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900143504679  
02/13/09--01001--003 \*\*416.25

CR2E041 (10/08)

DOCUMENT # 206000015664

1. Limited Liability Company's Name

Fort Gadsden Creek Homeowners'  
Association, LLC

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

224 Franklin Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. George Island

City & State

Fl.

Zip

32328

Country

Franklin

Zip

Country

4. State/Country of Formation

Fl.

5. Date Organized or Qualified  
To Do Business in Florida

02/13/06

6. FEI Number

26-4241613

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

WALTER J. ARMISTEAD

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

224 Franklin Blvd.

Suite, Apt. #, Etc.

City

St. George Island

State

FL

Zip Code

32328

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/12/09

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
MEM	WALTER J. ARMISTEAD	224 Franklin Blvd.	St. George Island, Fl. 32328

REINSTATEMENT

02-09 68M

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

*[Signature]*

Date

2/12/09

Daytime Phone #

858-929-2282

Typed or printed name of signing Managing Member/Manager