

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000040466**

1. Limited Liability Company's Name

Palm Point, L.L.C.

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

1104 Monument Ave

Suite, Apt #, etc.

3. Mailing Office Address

P.O. Box 950

Suite, Apt #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe FL

Zip

32456

Country

US

Zip

32456

Country

US

8. Name and Address of Current Registered Agent

Name

J. Patrick Floyd

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

1104 Monument Ave

Suite, Apt #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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]

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
mgr	Robert Warren Floyd	1104 Monument Ave	Port St. Joe FL 32456
mgr	J. Patrick Floyd	1104 Monument Ave	Port St. Joe FL 32456

400170690284

03/04/10--01028--009 **122.50

REINSTATEMENT

2009-10 844

11. E-mail Address

(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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

10 MAR -4 AM 11:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400170690284

02/26/10--01001--022 **155.00

CR2E041 (11/09)

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.