

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000070218

1. Limited Liability Company's Name

C 4 Pines of Jupiter/Tequesta Realty, LLC

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

100 Waterway Rd.

Suite, Apt. #, etc.

308E

City & State

Tequesta

Zip

33469

Country

usa

3. Mailing Office Address

100 Waterway Rd.

Suite, Apt. #, etc.

308E

City & State

Florida

Zip

33469

Country

usa

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2006

6. FEI Number

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

Judith Clixby

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

100 Waterway Rd.

Suite, Apt. #, Etc.

308E

City

Tequesta

State

FL

Zip Code

33469

☒ 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

Judith Clixby

REGISTERED AGENT MUST SIGN

Date 12/31/07

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	John T. Clixby	100 Waterway Rd. 308E	Tequesta, FL 33469
mgrm	Judith Clixby	100 Waterway Rd. 308E	Tequesta, FL 33469

01/03/08 - 01056-003 - \$300.00

REINSTATEMENT

GA 1/7

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

Judith Clixby

Date 12/31/07

Daytime Phone # 561-676-8959

Typed or printed name of signing Managing Member/Manager

Judith Clixby