

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 31 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700147538527
03/26/09--01015--009 **516.25
CR2E041 (10/08)

DOCUMENT # L06000072515

1. Limited Liability Company's Name

370 Gulf Boulevard, LLC

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

370 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Boca Grande

Zip

FL

Country

USA

3. Mailing Office Address

P.O. Box 605

Suite, Apt. #, etc.

City & State

Boca Grande

Zip

33921

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 07/21/2006

6. FEI Number

20-529-1308

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

Rice, C. Daniel Esq.

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

50 N. Laura St.

Suite, Apt. #, Etc.

Suite 1208

City

Jacksonville

State

FL

Zip Code

32202

☒ 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

C. Daniel Rice
REGISTERED AGENT MUST SIGN

Date 3/24/2009

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 Kirby Outerbridge, Jr.	2800 Placida Rd., Unit #107	Englewood, FL 34224

REINSTATEMENT 0709

DB

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

John Kirby Outerbridge, Jr.

Date 3/24/09

Daytime Phone # 941-964-2700

Typed or printed name of signing Managing Member/Manager John Kirby Outerbridge, Jr., Managing Member