

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 27 PM 4:24

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000079068

1. Limited Liability Company's Name

FL CRACKER PROPERTIES, LLC

100115022411  
01/14/08--01029--009 \*\*150.00  
100115022411  
03/21/08--01008--019 \*\*127.50  
CR2E041 (1/07)

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

29055 PINE AVE  
3807 DYER RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 432004

Suite, Apt. #, etc.

City & State

BIG PINE KEY

City & State

BIG PINE KEY

Zip

33043

Country

USA

Zip

33043

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/10/06

6. FEI Number

20-4991230

☒ 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

JILL E. BROWNLOW

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

29055 PINE AVE 3807 DYER RD

Suite, Apt. #, Etc.

City

BIG PINE KEY

State

FL

Zip Code

33043

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

*Jill E. Brownlow*

REGISTERED AGENT MUST SIGN

Date

1/10/08

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	JILL E. BROWNLOW	29055 PINE AVENUE X 3807 DYER RD	BIG PINE KEY, FL 33043

REINSTATEMENT  
w/o 07-08  
STATEMENT

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

*Jill E. Brownlow*

Date

1/10/08

Daytime Phone #

3056150015

Typed or printed name of signing Managing Member/Manager

JILL E. BROWNLOW