

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 24 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000092182

1. Limited Liability Company's Name

Treasure Coast Association
Management, LLC

CR2E041 (11/09)

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

210 Arlington Drive

Suite, Apt. #, etc.

3. Mailing Office Address

210 Arlington Drive

Suite, Apt. #, etc.

City & State

Placida, FL

City & State

Placida, FL

Zip

33946

Country

US

Zip

33946

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/19/06

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

John D Harms

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

210 Arlington Drive

Suite, Apt. #, Etc.

City

Placida

State

FL

Zip Code

33946

☒ 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 12/21/09

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
MGRM	John D Harms	210 Arlington Drive	Placida / FL 33946
		S. HAWKES	
		DEC 28 2009	100163943701 12/24/09-01035--008 **416.25
		EXAMINER	

REINSTATEMENT
2007-09

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 12/21

Daytime Phone #

941-232-5397

Typed or printed name of signing Managing Member/Manager

John Harms