

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**08 OCT -3 AM 11:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E041 (12/07)

**DOCUMENT #** L06000119139

**1. Limited Liability Company's Name**

3 Seasons, LLC

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

6771 Professional Pkwy West (Same as #2)

Suite, Apt. #, etc.

Suite 100

City & State

Sarasota, FL

Zip

Country

34240

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

12/14/2006

**6. FEI Number**

20-8068280

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

Jeffrey T. Smith

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

6771 Professional Pkwy West

Suite, Apt. #, Etc.

Suite 100

City

Sarasota

State

FL

Zip Code

34240

☒ 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

REGISTERED AGENT MUST SIGN

Date 9/24/08

**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	Jeffrey T. Smith	6771 Professional Pkwy West	Sarasota, FL 34240
			100136439511
			09/29/08--01066--004 **277.50

REINSTATEMENT 0708

**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

Date 9/24/08

Daytime Phone # 941-907-0010

Typed or printed name of signing Managing Member/Manager

Jeffrey T. Smith