

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 DEC 12 AM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

LD7000010049

1. Limited Liability Company's Name

B Shore Golf, LLC

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

707 Gulf Park Drive

Suite, Apt. #, etc.

3. Mailing Office Address

707 Gulf Park Drive

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida  
January 26, 2007

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

James DeMallie

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

707 Gulf Park Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

DEC 17 2014

L. SELLERS

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12/12/14--01028--006 \*\*932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*James A DeMallie*  
REGISTERED AGENT MUST SIGN

Date

12/9/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	James DeMallie	707 Gulf Park Drive	Naples, FL 34108

REINSTATEMENT 09-14

11. E-mail Address: jim\_demallie@theclubpelicanbay.com (blank area is an underscore for proper email address)

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*James A DeMallie*  
Date 12/9/14

Daytime Phone # 239-597-2105

Typed or printed name of signing Authorized Representative/Manager James DeMallie