

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 APR 30 AM 10:49

**DOCUMENT #**

1. Limited Liability Company's Name

L07000041977

89210, LLC

600247393346  
04/30/13--01017--005 \*\*\$60.00

CR2E041 (1/11)

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

89210 OVERSEAS HWY

3. Mailing Office Address

PO BOX 932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

04/17/2007

City & State

TAVERNIER, FL

City & State

ISLAMORADA, FL

6. FEI Number

Applied For

X Not Applicable

Zip

33070

Country

USA

Zip

33036

Country

USA

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DEAN EAKIN

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

89210 OVERSEAS HWY

Suite, Apt. #, Etc.

E-mail Address:

ISLAMORADAPOOLES@GMAIL.COM

(To be used for future annual report notices)

City

TAVERNIER

State

FL

Zip Code

33070

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

Date 04/22/2013

REGISTERED AGENT MUST SIGN

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	DEAN EAKIN	89210 OVERSEAS HWY	TAVERNIER, FL 33070

**REINSTATEMENT**

APR 30 2013

R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 04/22/2013

Daytime Phone # 305-852-3133

Typed or printed name of signing Managing Member/Manager DEAN EAKIN