Pg 1 of 2

Feb. 13. 2013 10:26AM PETERSON & MYERS PA No. 5829 P. 2

H13000032252 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 14 AM 9:18

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000104263

1. Limited Liability Company's Name
Oak Island of Highlands County, LLC

REINSTATEMENT 10-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1995 W. Lake Hamilton Drive	P.O. Box 2668
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33881 Country: USA	Zip: 33883 Country:

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 10/15/2007

6. FEI Number: 263217224 ☐ 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: Jarvis Hartt

Street Address (P.O. Box Number is Not Acceptable): 1995 W. Lake Hamilton Drive

Suite, Apt. #, etc.

City: Winter Haven, State: FL Zip Code: 33881

E-mail Address:

(To be used for future annual report notices)

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 _____

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	Hartt, Jarvis	1995 W. Lake Hamilton Drive	Winter Haven, FL 33881
			FEB 14 2013
			T. CAULEY

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 608.405, 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 Jarvis Hartt Date 2/12/13 Daytime Phone # 863-557-1712

Typed or printed name of signing Managing Member/Manager _____

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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OAK ISLAND OF HIGHLANDS COUNTY, LLC

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