PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPAR Secretary of DIVISION OF COR	f State				FILED 28. PM	1: 3'1	
DOCUMENT # L 08 0000 30 991 1. Limited Liability Company's Name			SEURETARI III STAMI TALLAHASS E E P EORIDA					
Islamorada Conch House, LLC							-	
				100285168531 04/28/1601029001 **1210.00				
2. Principal Office Address - No P.O. Box#					CR2E041 (1/14)			
97 Sea Lane	97 Sea Lune			4. State/Country of Formation				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Date Organi To Do Busine	zed or Qualified ess in Florida		008	
ts/4 morada FL Isla morada			FL	6. FEI Number Applied For				
Zip Country File 33036 USA	33036	Coun	try	7. CERTIFICATE OF	STATUS DESIRED	\$5,00 Addit	Not Applicable ional Fee required cate of status	
<u> </u>	of Current Registered Ag		/ /\					
Name Wichael Demetry							:	
Street Address (P.O. Box Number is Not Acceptable) Suite,								
Apt. #, Etc.								
· · · · · · · · · · · · · · · · · · ·			Zip Code 3 3036					
9. I, being appointed the registered agent of the above	ve named limited liability cor	mpany, am	familiar with and acc	ept the obligations	of Chapter 605, F	.s.		
Registered Agent Mahael Denvice REGISTERED AGENT MUST SIGN				Date 4/22/16				
10. Names and Street Addresses of Authorized Represe	entatives/Managers					-		
Titles Name of Authorized Representatives/		Street Address of Each Authorized Representative/ Manager			City / State / Zip			
MGRM Michael Demetry	1	eq Lo	ine FL 3303	6	Islamorud	la FL	33036	
MCRM Mark Denetry	1786	Hu	Her Ave		Columbu	SOH L	13201	
marm Dall Demetry	30	w.	Dutage K St	50He 500	Frederick	MD.	21701	
PEINSTA	TEIVI.	*			APR 28 20	116		
					R. HUNT			
11. E-mail Address: mjvemetry @		d for fulure	annual report notificatio	ns)			-	
12. I certify that I am an authorized representative/ m					s provided for in C	hapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree

felony as provided for in s. 817.155, F.S.

Machiel Lemotry