

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L08000081534

1. Limited Liability Company's Name

F. OWEN EVANS III, P.L.

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

2000 PGA BOULEVARD

Suite, Apt. #, etc.

3200A

City & State

PALM BEACH GARDENS

Zip

33408

Country

3. Mailing Office Address

2000 PGA BOULEVARD

Suite, Apt. #, etc.

3200A

City & State

Palm Beach Gardens

Zip

33408

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/26/2008

6. FEI Number

26-3291606

☐ 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

F. O. EVANS III

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

2000 PGA BOULEVARD

Suite, Apt. #, Etc.

3200A

City

PALM BEACH GARDENS

State

FL

Zip Code

33408

E-mail Address:

200207596172
05/12/11--01031--007 **516.25

(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	F. O. EVANS III	2000 PGA BLVD STE 3200A	PALM BEACH GARDENS, FL 33408

REINSTATEMENT-09-2011

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 **5/10/2011**

Daytime Phone # **561-626-1011**

Typed or printed name of signing Managing Member/Manager **F. OWEN EVANS III**