

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 22 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L080000091001

1. Limited Liability Company's Name

Buoy Realty, LLC

[Handwritten signature]

REINSTATEMENT 10-13

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

1604 S Ridgewood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1604 S Ridgewood Ave

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

09/24/2008

6. FEI Number

26-3427854

x

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip

32132

Country

USA

Zip

32132

Country

USA

8. Name and Address of Current Registered Agent

Name

Ralph L. Padgett, Jr.

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

1604 S Ridgewood Ave

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32132

E-mail Address:

200253085922
10/22/13--01011--015 **\$55.00

BuoyRealtyLLC@cfl.rr.com

(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 10/15/2013

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
mm	Ralph L. Padgett, Jr.	155 Sweet Bay Ave	New Smyrna Beach, FL 32168

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 10/15/2013

Daytime Phone # 386-428-8550

Typed or printed name of signing Managing Member/Manager Ralph L. Padgett, Jr. - Managing Member