

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

Handwritten initials

REINSTATEMENT 10-13
CR26047(11/13)

DOCUMENT # **L080000091001**

1. Limited Liability Company's Name
Buoy Realty, LLC

2. Principal Office Address - No P.O. Box #
1604 S Ridgewood Ave

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip

32132

Country

USA

3. Mailing Office Address

1604 S Ridgewood Ave

Suite, Apt. #, etc.

City & State

Edgewater, FL

Zip

32132

Country

USA

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

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
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 **655.00

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

Handwritten signature of Ralph L. Padgett, Jr.

Date **10/15/2013**

Daytime Phone # **386-428-8550**

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