


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2016 DEC 20 AM 5:36

DOCUMENT # **L08000099089**

1. Limited Liability Company's Name

SUNDANCE WATERSPORTS L.L.C.

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

225 GRANT BLV

Suite, Apt. #, etc.

3. Mailing Office Address

225 GRANT BLV

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

City & State

LEHIGH ACRES FL.

Zip

33974

Country

LEE

Zip

33974

Country

LEE

8. Name and Address of Current Registered Agent

Name

WILLIAMS, JAMES D.

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

225 GRANT BLV

Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33974

CR2E041 (1/14)

4. State/Country of Formation

FL. LEE

5. Date Organized or Qualified To Do Business in Florida

10-21-2008

6. FEI Number

26-4090227

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

J D Williams

REGISTERED AGENT MUST SIGN

Date **12-15-2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	WILLIAMS, JAMES D.	225 GRANT BLV	
MGRM	WILLIAMS, PENNY D.	LEHIGH ACRES FL	33974
REINSTATEMENT			
2011-2016			

11. E-mail Address **JD SUNDANCE 13 @ G MAIL. COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 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.

Signature of authorized representative/member

J D Williams

Date **12-15-2016**

Daytime Phone # **239-980-5871**

Typed or printed name of signing authorized representative/member

JAMES D WILLIAMS