

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 AM 10:19

DOCUMENT # **L09000000923**

1. Limited Liability Company's Name

Island Club Investments, LLC

500243238625
01/02/13--01023--002 ***377.50

CR2E041 (1/11)

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

3. Mailing Office Address

5635 E. Co. Hwy 30A P.O. Box 1501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

2009

City & State

City & State

Seagrone Beach, FL Conyers, GA

6. FEI Number

264445466

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

USA

30012

USA

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robin J. Fowler

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

181 Paradise By the Sea Blvd

Suite, Apt. #, Etc.

E-mail Address:

REINSTATEMENT

dmi1lwood@spinepains.com

City

State

Zip Code

Panama City Beach

FL

32413

(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 **12/27/2012**

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
owner	Robin J. Fowler	P.O. Box 1501	Conyers, GA 30012
admin	Decha Millwood	P.O. Box 1501	Conyers, GA 30012

DEC 31 2012

D. BUTLER

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

12/27/2012

Daytime Phone #

(770) 929-9033

Typed or printed name of signing Managing Member/Manager

Robin J. Fowler