
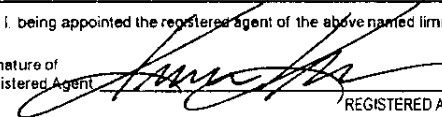
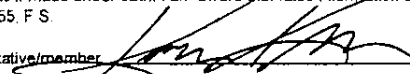


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2015 OCT 29 PM 2:03

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1 Limited Liability Company's Name 91941 Tavernier, LLC					
2 Principal Office Address - No P.O. Box # 214 Brazilian Avenue Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480		3 Mailing Office Address 214 Brazilian Avenue Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480		CR2E041 (1/14)	
				4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida August 17, 2012	
				6. FEI Number 46-1162675	
				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name Kevin M. Kilcullen					
Street Address (P.O. Box Number is Not Acceptable) Suite 214 Brazilian Avenue					
Apt. #, Etc Suite 200					
City Palm Beach		State FL	Zip Code 33480		
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 				Date 10/28/2015	
REGISTERED AGENT MUST SIGN					
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
	See Attached				
11 E-mail Address: kkilcullen@sgkalw.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 				Date 10/28/2015 Daytime Phone # 973-535-1900	
Typed or printed name of signing authorized representative/member					

OCT 29 2015

RECEIVED

Limited Liability Company Reinstatement
91941 Tavernier, LLC

MGR	Kevin M. Kilcullen, Co-Trustee Rene Mount, Co-Trustee Heather Mount, Co-Trustee	214 Brazilian Avenue Suite 200	Palm Beach, FL 33480
AR	Estate of Ronald J. Mount c/o Joseph D. Stewart	2671 Airport Pulling Rd. S	Naples, FL 34112
AR	Rene Mount	2410 Leafshine Lane	Naples, FL 34119

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 851913 7247594
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : October 28, 2015
ORDER TIME : 3:20 PM
ORDER NO. : 851913-005
CUSTOMER NO: 7247594

DOMESTIC FILINGS

NAME: 91941 TAVERNIER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 OCT 28 PM 4:28