

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
DIVISION OF CORPORATIONS

2015 DEC 31 AM 10:02

DOCUMENT #

L13000124252

1. Limited Liability Company's Name
Saw Palmetto of South Florida LLC

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

620 SE Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

620 SE Dixie Hwy

Suite, Apt. #, etc.

City & State

Stuart Florida

City & State

Stuart Florida

Zip

34994

Country

Martin

Zip

34994

Country

Martin

8. Name and Address of Current Registered Agent

Name

Samuel Michael Baker

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

8849 SE Hawksbill Way

Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

300280571329
01/04/16--01039--007 **243.75

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

Samuel M. Baker

Date

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 |
|------------|--|---|------------------------|
| <u>MGR</u> | <u>Samuel M. Baker</u> | <u>620 SE Dixie Hwy</u> | <u>Stuart FL 34994</u> |
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11. E-mail Address: mike@atlanticluxuryteam.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 305.0012, 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

Samuel M. Baker

Date

6/29/15

Daytime Phone #

772 888

bm 1/14/16

Typed or printed name of signing authorized representative/member

223-5352