PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000147951

1. Limited Liability Company's Name
Waterview Estates of Key West, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3613 Northside Court		PO Box 4693	
Suite, Apt #, etc		Suite, Apt. #, etc	
City & State		City & State	
Key West, FL		Key West, FL	
Zip	Country	Zip	Country
33040	USA	33041	USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 08/28/2015

6. FEI Number
65-1082075
☐ 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
Harold E. Wolfe, Jr., Esq.

Street Address (P.O Box Number is Not Acceptable) Suite,
2300 Palm Beach Lakes Boulevard

Apt. #, Etc
Suite 302

City	State	Zip Code
West Palm Beach	FL	33409

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10/13/16--01001--021 **238.75

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 (+) Harold E. Wolfe, Jr. Date 10/12/16
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
MGR	Danise D. Henriquez	PO Box 4693	Key West, FL 33041
MGR	Ralph M. Henriquez	PO Box 4693	Key West, FL 33041
MGR	Harold E. Wolfe, Jr., Esq.	2300 Palm Beach Lakes Blvd., Suite 30	West Palm Beach, FL 33409

11. E-mail Address: hewjrlaw@comcast.net
(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 (+) Harold E. Wolfe, Jr. Date 10/12/16 Daytime Phone # 561.697.4100

Typed or printed name of signing authorized representative/member Harold E. Wolfe, Jr., Esq.