PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

19 DEC 13 PM 2:53

SECRETARY OF STATE
TALLAHASSEE

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DOCUMENT # L1 7000214284

1. Limited Liability Company's Name

Burnt Store Marina Realty Group, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3190-C Matecumbe Key Rd	6030 Key Largo Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State: Punta Gorda, FL
Zip: 33955 Country: USA	Zip: 33955 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business In Florida: 11-01-2017

6. FEI Number: 82-3668144 ☐ 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: Ronald W. Graves

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 6030 Key Largo Circle

City: Punta Gorda State: FL Zip Code: 33955

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: Ronald W. Graves Date: 12-11-2019

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

11. E-mail Address: _____

(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: Ronald W. Graves Date: 12-11-2019 Daytime Phone #: 239-848-6856

Typed or printed name of signing authorized representative/member: _____

CAC 12/13/19