

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2024 JUL 30 PM 3:22

STATE
TALLAHASSEE, FL

000488888720

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000113843

1. Limited Liability Company's Name
Navarre Development Company, LLC

2. Principal Office Address - No P.O. Box # 3920 Magazine Street		3. Mailing Office Address 3920 Magazine Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Orleans, LA		City & State New Orleans, LA	
Zip 70115	Country United States	Zip 70115	Country United States

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
03/09/2021

6. FEI Number 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
Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Drive, 1st Floor

Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

REINSTATEMENT
2024

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: Jody Moua, Assistant Secretary Date 7/29/2024

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
Authorized Manager	Gordon H Kolb, Jr	3920 Magazine Street	New Orleans, LA 70115

11. E-mail Address: gordo@ghkinc.com and melissa@ghkinc.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. 817.158, F.S.

Signature of authorized representative/member: Gordon H Kolb, Jr Date 07/29/2024 Daytime Ph: _____

Typed or printed name of signing authorized representative/member: Gordon H Kolb, Jr. JUL 30 2024

M. WILLIAMS

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 07/30/2024

NAME: NAVARRE DEVELOPMENT COMPANY, LLC

TYPE OF FILING: REINSTATEMENT

COST: 100.00

RETURN: PLAIN COPY PLEASE

RECEIVED
2024 JUL 30 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE


