

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra L. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 AUG -6 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # *L94000000689*

Steven Karidas & Sons, L.C.  
102050 Overseas Highway  
Key Largo, Florida 33037

1a. Principal Place of Business Address

The Quay  
102050 Overseas Hwy  
Key Largo, Florida 33037

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

102050 Overseas Hwy

2a. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Zip

33037

Country

USA

Zip

Country

3. Date Organized or Qualified

12-19-94

3a. State of Formation

Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

1996

6. Certificate of Status Desired

\$6.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Mary Karidas  
102050 Overseas Hwy  
Key Largo, FL 33037

8. Name and Address of New Registered Agent

Name

Timothy N. Thomes

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

99198 Overseas Hwy Ste#8

Suite, Apt. #, etc.

City

Key Largo

FL

Zip Code

33037

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

*7-28-97*

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Pres

Marv Karidas

102050 Overseas Hwy

Key Largo FL 33037

*8/6/97*

*300002260973--6*

*-08/07/97--01036--006*

*\*\*\*3066.50 \*\*\*\*916.95*

*This one gets*

*8/9/97.25*

**REINSTATEMENT** *9/6/97*

*A. Ann*  
*8/6/97*

11. I certify  
filing this re  
all fees ow  
as if made

I am authorized to execute this application as provided for in chapter 608, F.S. I further certify that when  
1. the limited liability company name satisfies the requirements of section 608.406, F.S., and that  
2. the information provided on this application is true and accurate, and my signature shall have the same legal effect

Signature of  
Managing Member/Manager

Date

*7-28-97*

Daytime Phone #

*305 451-0943*

Typed or printed name of signing Managing Member/Manager

Mary Karidas