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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 22 AM 10:05

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L95000000085**

TROPHY LAKE PROPERTIES  
P.O. BOX 1332  
TALLAHASSEE, FL. 32302-1332

1a. Principal Place of Business Address

247 EAST SEVENTH AVENUE  
TALLAHASSEE, FL. 32303

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

01/30/1995

FL

4. FEI Number

59-3302558

☐ Applied For  
☐ Not Applicable

5. Date of Last Report

04/21/97

6. Certificate of Status Desired

\$0.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

BARRETT, DAVID A  
111 SOUTH MONROE ST  
SUITE 3000  
TALLAHASSEE, FL. 32301

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR BARRETT, DAVID A

111 S MONROE ST SUITE 3000 TALLAHASSEE FL

MGR COOK, J. KINSON

1000 LIVE OAK PLANTATION R TALLAHASSEE FL

700002722617--7  
-12/24/98--01104--001  
\*\*\*\*688.75 \*\*\*\*688.75

11 I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of

Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager