

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
*Katherine Harris*  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 22 PM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
12/22

DOCUMENT # *L96006000198*

**1. Limited Liability Company's Name**

*Pardido Skye, LC  
Baybridge Professional Park  
113 Baybridge, Gulf Breeze, FL 32561*

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

*Florida*

**5. Date Organized or Qualified  
To Do Business in Florida**

*2/21/96*

**6. FEI Number**

*99-3363685*

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

*Innisfree Hotels Inc*

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

*Baybridge Professional Park*

Suite, Apt. #, Etc.

*Bldg 113*

City

*Gulf Breeze*

*100003088061-0*

*-01/05/00--01005--007*

*\*\*\*\*150.00 \*\*\*\*150.00*

State

*FL*

Zip Code

*32561*

**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. Names and Street Addresses of Managing Members/Managers**

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

|            |                              |                                 |                        |
|------------|------------------------------|---------------------------------|------------------------|
| <i>Mgr</i> | <i>Innisfree Hotels, Inc</i> | <i>Baybridge Prof Plk, Bldg</i> | <i>Gulf Breeze, FL</i> |
|            |                              |                                 |                        |
|            |                              |                                 |                        |
|            |                              |                                 |                        |
|            |                              |                                 |                        |

**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

*Jack Wank*

Date

*12/16/99*

Daytime Phone #

*(850) 934-3609*

Typed or printed name of signing Managing Member/Manager

*Jack Wank*