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FLORIDA DIVISION OF CORPORATIONS

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((H98000023545 0))

TO: DIVISION OF CORPORATIONS  
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FROM: BILZIN, SUMBERG DUNN PRICE & AXELROD LLP  
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NAME: THE OPT CONCH COMPANY, L.C.

AUDIT NUMBER.....H98000023545

DOC TYPE.....LIMITED LIABILITY REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

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Thank you.

EFRAIM R. Gutierrez

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L96000000578**

THE OPT CONCH COMPANY, L.C.  
18700 Lake Iola Road  
Dade City, Florida 33525

1a. Principal Place of Business Address

18700 Lake Iola Road  
Dade City, Florida 33525

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

5/23/96

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Clifton Pottberg  
18700 Lake Iola Road  
Dade City, Florida 33525

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

*Clifton Pottberg*

Date 12-17-98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR M

The OPT Conch Corporation

18700 Lake Iola Road

Dade City, FL 33525

MGR M

Otto Pottberg Trust/  
C. Pottberg Trustee

18700 Lake Iola Road

Dade City, FL 33525

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

*Clifton Pottberg*

Date 12-17-98

Daytime Phone # 352-588-3300

Typed or printed name of signing Managing Member/Manager Clifton Pottberg