

APPLICATION OF REINSTATEMENT FOR LIMITED LIABILITY COMPANY  
L96000001186

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001186

Dockside Marina L.C.  
Rt 1 Box 469  
Sopchoppy, Fl. 32358

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

2. Principal Place of Business

Same as Above

Suite, Apt. #, etc.

City & State

Sopchoppy, Fla

Zip

32358

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1a. Principal Place of Business Address

Same

3. Date Organized or Qualified

Nov. 13, 1996

3a. State of Formation

4. FEI Number

59-3439063

☐ 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

Marlow White  
c/o Lewis + White LC  
216 W. College Ave  
Suite 201  
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

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

Marlow White

Date 12/10/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR.	A.B. Hopkins, JR	Rt 1 Box 469	Sopchoppy, FL 32358
MGR	Marlow V. White	216 W. College Ave #202	Tallahassee, FL 32301

REINSTATEMENT 1997

(BK)

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

A.B. Hopkins

Date 12-10-97 Daytime Phone # 697-4051

Typed or printed name of signing Managing Member/Manager