

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

L97000000290

FILED

2 NOV 18 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000290

Name and Mailing Address

0006274 01 FP 0.352 \*\*PRSRT T9 0 0615 34434-498516



COTTAGES OF GENTLE BREEZE, L.C.  
9416 N. GENTLE BREEZE LOOP  
DUNNELLON FL 34434-4985



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 9416 N. GENTLE BREEZE LOOP DUNNELLON FL 34434		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/10/1997	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3431189	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> SCHMIDT, ROBERT 9416 N. GENTLE BREEZE LOOP DUNNELLON FL 34434		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>10. 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.</b> Signature of Registered Agent <i>Robert Schmidt</i> Date REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCHMIDT, ROBERT	9416 N. GENTLE BREEZE LOOP	DUNNELLON FL 34434
		300009036062 11/18/02--01006--001 **150.00	
REINSTATEMENT 2002			
BKL			

CR2E084 (8/02)

**12. 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 *Robert Schmidt* Date 11/13/02 Daytime Phone # 352-489-5539

Typed or printed name of signing Managing Member/Manager Robert Schmidt