

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 10:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000987

Name and Mailing Address

0005017 01 AT 0.292 **AUTO TO 0 0615 33036-351410



ISLAMORADA VILLAGE PROPERTIES, L.C.
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036-3514



2. New Mailing Address

City, State, Zip

Principal Place of Business

10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

09/09/1997

6. FEI Number

65-0778810

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

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name

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

900024869279
11/20/03--01018--002 **50.00

City

FL

Zip Code

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.

Signature of
Registered Agent

Christel C. Ryan
REGISTERED AGENT MUST SIGN

Date 10-24-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	RYAN, DENNIS R	10 FLAMINGO HAMMOCK ROAD	ISLAMORADA FL 33036
MEM	RYAN, CHRISTEL C	P.O. BOX 973 - NA	ISLAMORADA FL 33036

REINSTATEMENT 2003

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

Christel C. Ryan
REGISTERED AGENT MUST SIGN

Date 10-24-03 Daytime Phone #

Typed or printed name of signing Managing Member/Manager.

2 of 2

Islamorada Village Properties
10 Flamingo Hammock Road
Islamorada, FL 33036
305-664-0737

November 13, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850-245-6051

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FILED

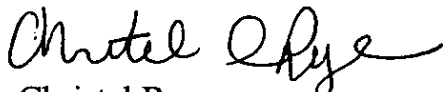
Re: Document # L97000000987

Dear Sir,

Due to the timing of our address change we did not receive prior notices regarding our renewal. Please consider our payment in the amount of \$50.00 in full for our renewal.

Thank you for your help in this matter.

Sincerely,


Christel Ryan