

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

L97000001353

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 27 PM 1:11

DOCUMENT # **L97000001353**

1. Limited Liability Company's Name

THE CLUB AT THE STRAND, L.C.

300013550203

03/31/03--01005--003 **50.00

2. Principal Office Address

5840 STRAND BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

5840 STRAND BLVD.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34110

Country

USA

City & State

NAPLES, FL

Zip

34110

Country

USA

4. State/Country of Formation

FLORIDA, UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida

12-4-1997

6. FEI Number

59-3478396

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

NAPLES - LAWDOCK, INC.

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

4501 TAMiami TRAIL N., SUITE 300

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103-3060

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

[Signature]

Date **2/5/03**

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
MG/CM	THE STRAND DEVELOPMENT CORPORATION	5840 STRAND BLVD.	NAPLES, FL 34110

300013550203
03/05/03--01055--011 **250.00

REINSTATEMENT 2000-2003

BKL

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

[Signature]

Date **1/31/03**

Daytime Phone # **239-592-7710**

Typed or printed name of signing Managing Member/Manager

RENEE TOLSON

CR2E041 (10/02)