

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 26 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000057**

1. Limited Liability Company's Name

MANATEE SITE DEVELOPMENT, LLC

REINSTATEMENT

2000-
2001

2. Principal Office Address

880 33rd Street East

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 31

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Parrish, Florida

Zip

34221

Country

USA

Zip

34219

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1-12-1998

6. FEI Number

65-0822623

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Layon F. Robinson II, P.A.

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

442 Old Main Street

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

300003913003-1

03/27/01-01098-014

***205.00 ***205.00

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

REGISTERED AGENT MUST SIGN

Date

23 March 2001

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
Pres.	Walter L. Presha	880 33rd St. E.	Palmetto, FL 34221
Sec/Tr	Trina Rozier	880 33rd St. E.	Palmetto, FL 34221
Dir.	Jeff A. Zimmerman	3503 36th Street East	Bradenton, FL 34208

JB
3-27-01

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)