

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -7 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L980000002323

1. Limited Liability Company's Name

MONTEREY POINT, LLC

700008289817--5
-10/03/02--01065--008
****250.00 ****250.00

2. Principal Office Address

950 S.E. Monterey Road

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34994 USA

3. Mailing Office Address

950 S.E. Monterey Road

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34994 USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

10/20/98

6. FEI Number

65-0877816

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

CLAUDE E. COLLINS

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

896 SANDALWOOD PLACE

Suite, Apt. #, Etc.

City

Jessie Beach

State

FL

Zip Code

34957

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

CLAUDE E. COLLINS

REGISTERED AGENT MUST SIGN

Date

10/03/02

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
Member	C.E. COLLINS, INC.	950 S.E. MONTEREY ROAD	STUART FL 34994
Member	CLAUDE E. COLLINS	896 SANDALWOOD PLACE	JESSIE BEACH, FL 34957

REINSTATEMENT

00-02

dec

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

CLAUDE E. COLLINS

Date

10/3/02

Daytime Phone #

(772) 219-3600

Typed or printed name of signing Managing Member/Manager

CLAUDE E. COLLINS

CR2041 (9/01)

**Monterey Pointe, L. C.
950 S. E. Monterey Road
Stuart, FL 34994
772-219-3600**

October 3, 2002

Department of State
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Monterey Point, L. C.
TIN#65-0877816

Dear Sir or Madam:

Enclosed is a check in the amount of \$250.00 to be applied to Monterey Pointe, L. C. Corporate Annual Report for 2000, 2001 & 2002. The breakdown is as follows:

2000	\$50.00
2001	50.00
2002	50.00
Reinstatement Fee	<u>100.00</u>
	\$250.00
	=====

Also enclosed is the required reinstatement form. Please reinstate Monterey Pointe, L. C. as soon as possible.

Sincerely,



Clark E. Collins
Member

Enclosure