

150 - to Reinst. 06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 9800003231

1. Limited Liability Company's Name

Apache Real Properties LLC

CR2E041 (8/05)

2. Principal Office Address

400 South Ocean Blvd

3. Mailing Office Address

400 South Ocean Blvd

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/08/1998

6. FEI Number

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

Garrison Lickle

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

400 South Ocean Blvd

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

Garrison Lickle

Date

11/30/06

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
Mgr/Mbr	Garrison Lickle	400 South Ocean Blvd	Palm Beach, FL 33480

REINSTATEMENT 2006

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

Garrison Lickle

Date

11/30/06

Daytime Phone #

561-389-6080

Typed or printed name of signing Managing Member/Manager

GARRISON LICKLE