

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

L99/764

1. Limited Liability Company's Name

LOW TIDE PROPERTIES LLC

REINSTATEMENT 2000

2. Principal Office Address

649 TUXEDO PL NW

Suite, Apt. #, etc.

3. Mailing Office Address

649 TUXEDO PL NW

Suite, Apt. #, etc.

City & State

ATLANTA GA 30342

Zip

30342

Country

USA

City & State

ATLANTA GA

Zip

30342

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

2-19-97

6. FEI Number

58-2568593

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

DWIGHT HAIGHT

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

649 TUXEDO PL NW

Suite, Apt. #, Etc.

City

ATLANTA GA

30342

State

FL

Zip Code

30342

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**

Dwight Haight

REGISTERED AGENT MUST SIGN

Date

11/15/00

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
MEM	DWIGHT HAIGHT	649 TUXEDO PL NW	ATLANTA GA 30342

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**

Dwight Haight

Date

11/15/00

Daytime Phone #

404-240-7394

Typed or printed name of signing Managing Member/Manager