

01/22/03 15:27 FAX

Division of Corporations

L99000002783

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941)366-4800
Fax Number : (941)366-5109

RECEIVED
03 JAN 23 AM 7:45
DIVISION OF CORPORATION
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03 JAN 22 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

LONG BIGHT ENTERPRISES, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$250.00

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002783

1. Limited Liability Company's Name

LONG BIGHT ENTERPRISES, L.C.

2. Principal Office Address

5211 OCEAN BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34242

Country

US

3. Mailing Office Address

5211 OCEAN BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34242

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/13/1999

6. FEI Number

59-3583839

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

SUSAN E. BALAS

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

5211 OCEAN BLVD.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

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.

SUSAN E. BALAS

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BALAS, SUSAN E.	5211 OCEAN BLVD.	SARASOTA, FL 34242

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 608.408, 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 1-22-03

Daytime Phone # 941-366-0886

Typed or printed name of signing Managing Member/Manager SUSAN E. BALAS

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C020241 (01/01)