

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 NOV 28 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003409

1. Limited Liability Company's Name

St. Andrews Harbor Pointe, LLC

600004717656--9
-12/10/01--01119--016
****150.00 ****150.00

2. Principal Office Address

3001 W. 10th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

3. Mailing Office Address

3001 W. 10th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

4. State/Country of Formation

Florida / USA

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

6/11/99

6. FEI Number

58-2475416

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

Robert H. Latimer

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

3001 W. 10th Street

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code

32401

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**

Robert H. Latimer

Date 11/20/01

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
Mngr	Robert H. Latimer	3001 W. 10th Street	Panama City, FL 32401
Mngr	George Wilson	3818 Mariner Dr.	Panama City, FL 32407
Mngr	Monica Mallick	10776 Wilshire Blvd.	Los Angeles, CA 90024
Mngr	Dr. Carlton Schwartz	600 Ohio Ave.	Lynn Haven, FL 32444
Mngr	Maury Schwegman	339 Spring House Cir.	Franklin, TN 37067

CONTINUED ON ATTACHED

REINSTATEMENT

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**

Robert H. Latimer

Date

Daytime Phone #

865-673-6600

Typed or printed name of signing Managing Member/Manager

CR2EM1 (9/00)

20/2

Box 10 Continued: Names and Street Address of Managing Members/Managers:

Mngr.	Terri Schwegman	339 Spring House Cir.	Franklin, TN	37067
Mngr.	Sherri Douglas	339 Spring House Cir.	Franklin, TN	37067

Signature of Managing Member: Robert W. Lattin