

L99000003409

Fax audit No. H03000072814 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 03 MAR -6 AM 8:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000003409

1. Limited Liability Company's Name

ST. ANDREWS HARBOR POINTE, L.L.C.

10/4/02

2. Principal Office Address

3001 W. 10th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

US

3. Mailing Office Address

3001 W. 10th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6/11/99

6. FEI Number

582475416

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
FLZip Code
32405
REINSTATEMENT 2002-2003

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

REGISTERED AGENT MUST SIGN

Date 3-6-03

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
MGRM	ROBERT H. LATIMER	3001 W. 10TH STREET	PANAMA CITY, FL 32405
MGRM	GEORGE WILSON, JR	3818 MARINER DRIVE	PANAMA CITY BEACH, FL 32407
MGRM	MONICA MALLICK	10776 WILLSHIRE BLVD.	LOS ANGELES, CA 90024
MGRM	CARLTON SCHWARTZ	600 OHIO DRIVE	LYNN HAVEN, FL 32444
MGRM	MAURY & TERI SCHWEGMAN	339 SPRING HOUSE CIRCLE	FRANKLIN, TN 67067
MGRM	SHERI DOUGLAS	339 SPRING HOUSE CIRCLE	FRANKLIN, TN 67067

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

Date 3-6-03

Daytime Phone # 865-207-4499

Typed or printed name of signing Managing Member/Manager

ROBERT H. LATIMER

CR2041 (10/02)

Mar 06 03 02:03p

Barron and Redding

(850) 785-2999

p. 1

Division of Corporations

L99000003409

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000072814 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.
Account Number : 073617000710
Phone : (850) 785-7454
Fax Number : (850) 785-2999

bp

LIMITED LIABILITY REINSTATEMENT

ST. ANDREWS HARBOR POINTE L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

RECEIVED
03 MAR -7 AM 7:31
DIVISION OF CORPORATION

FILED
03 MAR -6 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA