

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000004509**

1. Limited Liability Company's Name

THE ESTUARIES LIMITED LIABILITY COMPANY

2. Principal Office Address

952 Deer Chase Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

Zip

32086

Country

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida July 20, 1999

6. FEI Number 59-3593271

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

Todd Watson, Attorney at Law

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

7785 Baymeadows Way

Suite, Apt. #, Etc.

Suite 107

City

Jacksonville

State
FL

Zip Code
32256

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

[Signature]

Date 3-06-03

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	McCall, Melvine	952 Deer Chase Drive	St. Augustine, FL 32086
MGR	McLeod, Marlene B.	P.O. Box 270250	Tampa, FL 33688
MGR	Pace, William L.	5431 AlA South, Suite 102	St. Augustine, FL 32080
REINSTATEMENT 02-03			
AL			

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

Melvine McCall

Date 3/3/03

Daytime Phone (904) 797-2586

Melvine McCall

Typed or printed name of signing Managing Member/Manager

TODD WATSON
ATTORNEY AT LAW

SUITE 107
7785 BAYMEADOWS WAY
JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 739-9747
FACSIMILE (904) 739-9748

March 6, 2003

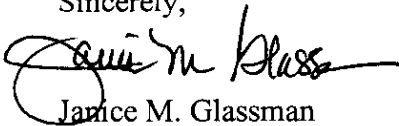
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Estuaries Limited Liability Company

Dear Sir or Madam:

Enclosed please find for filing the Reinstatement form for the above referenced company. Also enclosed is a check in the amount of \$200.00 (\$100.00 for the reinstatement fee and \$100.00 for the annual report fee). Please contact our office if you should have any questions concerning this matter.

Sincerely,



Janice M. Glassman
Legal Assistant

/jg
Enclosures