

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

01 DEC -6 PM 3:03

DOCUMENT # **L99000005296**

1. Limited Liability Company's Name

Engel Resort of Sanibel Island, LLC

2. Principal Office Address

2075 Periwinkle way
Suite, Apt. #, etc.

Suite 18

City & State

Sanibel FL

Zip **33957** Country **US**

3. Mailing Office Address

2075 Periwinkle way
Suite, Apt. #, etc.

Suite 18

City & State

Sanibel FL

Zip **33957** Country **US**

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

52219223

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Laura Herman

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

688 cardinal St

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

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]

REGISTERED AGENT MUST SIGN

Date **11/10/01**

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	Laura Herman	688 cardinal St	Sanibel, FL 33957
Mgrm	Nancy Herman-Capers	538 Piedmont Rd	Sanibel, FL 33957

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REINSTATEMENT 2001

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

[Signature]

Date **11/10/01**

Daytime Phone # **941 395 3333**

Typed or printed name of signing Managing Member/Manager

Laura Herman