

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 10 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007067

1. Limited Liability Company's Name

Dunes Club Villa Company, L.L.C.

400020692724
06/09/03--01090--005 **250.00

2. Principal Office Address

5472 First Coast Highway

Suite, Apt. #, etc.

#13

City & State

Amelia Island, Florida

Zip

32034

Country

USA

3. Mailing Office Address

5472 First Coast Highway

Suite, Apt. #, etc.

#13

City & State

Amelia Island, Florida

Zip

32034

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1018/99

6. FEI Number

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

James O. Hardwick

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

5472 First Coast Highway #13

Suite, Apt. #, Etc.

City

Amelia Island

State

FL

Zip Code

32034

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 6/4/03

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	James O. Hardwick	5472 First Coast Highway #13	Amelia Island, Florida 32034

REINSTATEMENT 01-03
dec

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 6/4/03

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

James O. Hardwick, Managing Member

CR2E041 (10/02)