

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** *WR 2/19*  
01 FEB 19 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L99000007107

1. Limited Liability Company's Name  
Price Court, LLC

2. Principal Office Address 475 Price Court Suite, Apt. #, etc.		3. Mailing Office Address 475 Price Court Suite, Apt. #, etc.		4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida		6. FEI Number 59-3628949		Applied For Not Applicable	
City & State Marco Island, FL 34145		City & State Marco Island, FL 34145		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip	Country	Zip	Country	\$5.00 Additional Fee for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: William G. Morris, Esq.

Street Address (P.O. Box Number is Not Acceptable): 247 N. Collier Boulevard, PO Box 2056

Suite, Apt. #, Etc.: \_\_\_\_\_

City: Marco Island, FL 34146 State: FL Zip Code: \_\_\_\_\_

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-02/23/01--01033--015  
\*\*\*200.00 \*\*\*200.00

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: 2/16/01

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
MGR	John Ammerman	475 Price Court	Marco Island, FL 34145

**REINSTATEMENT** 2000-2001

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: John Ammerman Manager Date: 2/16/01 Daytime Phone #: 941-389-0977

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_