

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

10/3
W 2/6
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -5 PM 1:14

DOCUMENT # L99000008295

1. Limited Liability Company's Name

JUNIOR'S FISH CAMP LLC
REINSTATEMENT 2000-2002

2. Principal Office Address

601 E TWIGGS ST #200
Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip 33602 Country USA

3. Mailing Office Address

601 E TWIGGS ST
Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip 33602 Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/30/99

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

MICHAEL A. LINSKY

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

601 EAST TWIGGS STREET

Suite, Apt. #, Etc.

200

City

TAMPA

State

FL

Zip Code

33602

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

1/31/02

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
<u>MGR</u>	<u>MICHAEL A LINSKY</u>	<u>601 E TWIGGS ST # 200</u>	<u>TAMPA, FL 33602</u>
	REINSTATEMENT	<u>2000-2002</u>	
			<u>000004881180</u>

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

1/31/02

Daytime Phone #

813-223-7509 x202

Typed or printed name of signing Managing Member/Manager

MICHAEL A. LINSKY



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 5, 2002

CSC
SARA LEA

SUBJECT: JUNIOR'S FISH CAMP, LLC
Ref. Number: L99000008295

We have received your document for JUNIOR'S FISH CAMP, LLC and the authorization to debit your account in the amount of \$250.00. However, the document has not been filed and is being returned for the following:

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 202A00007059

RESUBMIT
Please give original
submission date as file date.

RECEIVED

02 FEB - 8 PM 12:02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB - 5 PM 1:14



343

ACCOUNT NO. : 072100000032

REFERENCE : 346654 81505A

AUTHORIZATION :

COST LIMIT : \$ 250.00

ORDER DATE : February 5, 2002

ORDER TIME : 11:36 AM

ORDER NO. : 346654-005

CUSTOMER NO: 81505A

CUSTOMER: Sam Reiber, Esq
Linsky & Reiber
Suite 200
601 East Twiggs Street
Tampa, FL 33602

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -5 PM 1:14

DOMESTIC FILINGS

NAME: JUNIOR'S FISH CAMP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea X 1114
EXAMINER'S INITIALS _____

RECEIVED
02 FEB -5 PM 12:20
DIVISION OF CORPORATION