

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1082

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000-
2001

900004193289--3

DOCUMENT # L99000008610

1. Limited Liability Company's Name

Craven Family Investments II, LLC

2. Principal Office Address

P.O. Box 396

3. Mailing Office Address

P.O. Box 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pineland, FL

City & State

Pineland, FL

Zip
33945

Country
USA

Zip
33945

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/08/99

6. FEI Number

59-3615348

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301-2525

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date 5/10/01

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
Manager	Richard C. Craven	North Captiva Island Club 13921 Water Front Drive	North Captiva, FL 33945

1. 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

Date 4-7-01

Daytime Phone # 941-385-354

Typed or printed name of signing Managing Member/Manager

Richard C. Craven

CR2E041 (9/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 145715 11977A

AUTHORIZATION : *Patricia Pizit*

COST LIMIT : \$ 200.00

ORDER DATE : May 10, 2001

ORDER TIME : 10:29 AM

ORDER NO. : 145715-005

CUSTOMER NO: 11977A

CUSTOMER: James M. Iseman, Jr., Esq
Wilson & Iseman
380 Knollwood Street, Ste.#530
Winston-salem, NC 27103

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 10 AM 11:29
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: CRAVEN FAMILY INVESTMENTS II,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118
EXAMINER'S INITIALS _____