

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

02 MAY -6 AM 8:27

WLS/21

DOCUMENT # L99000008677

1. Limited Liability Company's Name

209 TEQUESTA DRIVE PROPERTIES,
L.L.C.

000005609500--3
-05/24/02--01012--013
****200.00 ****200.00

2. Principal Office Address

209 Tequesta Drive
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3448
Suite, Apt. #, etc.

City & State

Tequesta, FL

City & State

Tequesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

12.10.1999

6. FEI Number

145-46-3449

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 JOHN M. ZUCCARELLI, III

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

Suite, Apt. #, Etc.

City JUPITER INLET COLONY

State
FL

Zip Code
33469

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

REGISTERED AGENT MUST SIGN

Date 4.28.02

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>JOHN M. ZUCCARELLI, III</u>	<u>104 LIGHTHOUSE DRIVE</u>	<u>JUPITER INLET COLONY FL 33469</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

Date 4.28.02 Daytime Phone # 561 748-8883

Typed or printed name of signing Managing Member/Manager

John M. Zuccarelli, III

CR2E01 (8/01)