

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
2001-2002



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 <input type="checkbox"/> \$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 \_\_\_\_\_ Date 4.28.02  
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 M. ZUCCARELLI, III	104 LIGHTHOUSE DRIVE	JUPITER INLET COLONY FL 33469
			2001-2002
<b>REINSTATEMENT</b>			

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)