

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000008677**

APPLICATION FOR REINSTATEMENT

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC 18 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # **L99000008677**  
Name and Mailing Address

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209 TEQUESTA DRIVE PROPERTIES, LLC  
PO BOX 8677  
TEQUESTA FL 33469



2. New Mailing Address <b>209 Tequesta Drive</b> State, Zip <b>Tequesta, FL 33469</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>196 TEQUESTA DRIVE</b> <b>TEQUESTA FL 33469</b>		5. Date Organized or Qualified To Do Business in Florida <b>12/10/1999</b>	
3. New Principal Place of Business Address <b>209 Tequesta Drive</b> City, State, Zip <b>Tequesta, FL 33469</b>		6. FEI Number <b>14-5463449</b>	
		Applied For <input type="checkbox"/> 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 <b>ZUCCARELLI, JOHN M III</b> <b>104 LIGHTHOUSE DR.</b> <b>JUPITER INLET COLONY FL 33469</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
10. 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 <b>11/24/03</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ZUCCARELLI, JOHN M III	104 LIGHTHOUSE DR.	JUPITER INLET COLONY FL 33469
300025130019 12/01/03--01089--003 **150.00			
REINSTATEMENT 03 			

12. 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 **12/15/03** Daytime Phone # **(561) 748-8883**

Typed or printed name of signing Managing Member/Manager