

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

00 OCT 27 PM 11:02

DOCUMENT #

L 99-8705

1. Limited Liability Company's Name

Yarnell Development LLC

REINSTATEMENT 2000

2. Principal Office Address

13205 US Hwy 1

Suite, Apt. #, etc.

Ste 202

City & State

Juno Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/29/00

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

C.R. Cooper, CPA, PK

000003456240--5

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

5350 10<sup>th</sup> Ave N

11/07/00-01127-016

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

Suite 8

City

Lake Worth

State

FL

Zip Code

33463

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

*C.R. Cooper*

REGISTERED AGENT MUST SIGN

Date 10/20/00

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	Roy R. Yarnell	11819 Blackwoods Ln	WPB, FL 33412
Member	Judith Batt-Yarnell	11819 Blackwoods Ln	WPB, FL 33412

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

*Roy R. Yarnell*

Date 10/18/00

Daytime Phone # 561-625-2288

Typed or printed name of signing Managing Member/Manager

Roy R. Yarnell