

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

02 JUL 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001-2002

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-07/09/02--01031--003
****205.00 ****205.00

DOCUMENT # 000000001800

1. Limited Liability Company's Name

Foxfire Osprey Pub, LLC

2. Principal Office Address

1076 S. Tamiami Trail

Suite, Apt. #, etc.

City & State

Osprey, FL

Zip

34229

Country

USA.

3. Mailing Office Address

1759 Lake Place

Suite, Apt. #, etc.

Condo A

City & State

Venice, FL

Zip

34293

Country

USA.

4. State/Country of Formation

Nevada

5. Date Organized or Qualified
To Do Business in Florida

9/6/2000

6. FEI Number

880468225

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

Mr. George Smith

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

1759 Lake Place

Suite, Apt. #, Etc.

Condo A

City

Venice

State

FL

Zip Code

34293

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

7/07/02

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
MBR	Mr. George Smith	1759 Lake Place, Condo A	Venice, FL, 34293

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

7/07/02

Daytime Phone #

941-223-0895

Typed or printed name of signing Managing Member/Manager

Mr. George Smith

CR2E041 (9/01)