PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY
COMPANY
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Secretary of State 02 JAN -7 PM 3:55 DIVISION OF CORPORATIONS

SECRETARY OF STATE

	JMENT # MOOQ Liability Company's Name	D0073	08		TALLAHASSEE, FLORIDA	
5.	t. Martins Isla	nd Preser	ve LLC		500004790725 -01/23/0201031- ****155.00 *****	5——3 -002 155,00
2. Principa	Office Address	3. Mailing Office Add	. ^			
3900	N. Croatan Hwy	PO RO	x 2469		4. State/Country of Formation	
Suite, Apt. #		Suite, Apt. #, etc.			Florida/USH	
					5. Date Organized or Qualified To Do Business in Florida	1
City & State	y Hawk, NC	City & State City H	awk, NC		6. FEI Number	Applied For
279	19 USA	27949	USA .	•	7. \$300 Adding	mi Recognical ancol Status
		8. Name and	d Address of Current	Registered	d Agent	
	Name Street Address (P.O. Box, Number is No	Toma 55	:etti			
	406 Ash	57:				_
	Suite, Apt. #, Etc.					
	cin Fernandina	Beach			State Zip Code 32034	
9. I, being	appointed the registered agent of the abor	ve named limited liability	y company, am familiar	with and ac	ccept the obligations of Chapter 608, F.S.	
Signature o Registered	Agent/ ·	GISTERED AGENT MI	ST SIGN			
10. Name	es and Street Addresses of Managing Men	bers/Managers				
Titles	Name of Managing Members/Manage	rs	Street Addres Managing Memb		er City / State / Zip	
Mar	William J. Fie	lds P.C	Box 24	169	Kitty Hawk, NC	, 27949
					0.22.10	0
					03.50.0	
					<u>CU3</u> 5.00	
					0.9.50.0	20
•						
filing the all feet as if no	his reinstatement application the reason for s owed by the limited liability company have made under oath.	dissolution has been el	iminated the limited lial ation indicated on this a	bility compa application is	cation as provided for in chapter 608, F.S. I further cert any name satisfies the requirements of section 608.406, s true and accurate, and my signature shall have the sar	F.S., and that ne legal effect
Tunned		11/11/11/11	MAN 5 1	P/ 8/17	X	H



402 Centre Street Amelia Island, FL 32034 Phone: 904-321-0544 Fax: 904-491-1921

Post Office Box 2469 3900 N. Croatan Hwy. Kitty Hawk, NC 27949 Phone: 252-261-6171 Fax: 252-261-8405

December 19, 2001

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that we did not receive the notification of annual report as a result of the change of address. Consequently, we are requesting a waiver of the refilling fee and have included our check for \$150.00 plus \$8.75 for the certificate - \$158.75 total.

Thank you for your help in this matter.

Yours truly,

ieral Counsel