

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M020000 01511**

1. Limited Liability Company's Name

Panacea Marine Properties, LLC
99 Rock Landing Road
Panacea, FL 32346-2334

2. Principal Office Address

99 Rock Landing Road

Suite, Apt. #, etc.

City & State

Panacea, FL

Zip

32346

Country

USA

3. Mailing Office Address

99 Rock Landing Road

Suite, Apt. #, etc.

City & State

Panacea, FL

Zip

32346

Country

USA

4. State/Country of Formation

DE / United States

**5. Date Organized or Qualified
To Do Business in Florida**

06/12/2002

6. FEI Number

03-0458126

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 T Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

JENNIFER F AULTMAN
REGISTERED AGENT MUST SIGN
ASSISTANT SECRETARY

Date

12/10/23

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
MGRM	Nichols, Elizabeth	99 Rock Landing Road	Panacea, FL 32346
MGRM	J. Donald Nichols	99 Rock Landing Road	Panacea, FL 32346

REINSTATEMENT 2003

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

J. Donald Nichols
Date 12/9/23

Daytime Phone # 615-269-7444

Typed or printed name of signing Managing Member/Manager

J. Donald Nichols

CR2E041 (10/02)