

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M04100003520

FILED

07 APR 25 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

THE SANCTUARY OF NORTH BAY, LLC

2. Principal Office Address - No P.O. Box #

117 North Broadway Street

Suite, Apt. #, etc.

City & State

Tupelo, MS

Zip
38804

Country
USA

3. Mailing Office Address

P.O. Box 13633

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32317

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

8/27/04

6. FEI Number

640866188

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
Wm. Scott Lindsey, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1882 Capital Circle N.E.

Suite, Apt. #, Etc.
Suite 106

City
Tallahassee

State
FL

Zip Code
32308

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Wm. Scott Lindsey

REGISTERED AGENT MUST SIGN

Date

4-25-07

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
			300101770843 05/08/07--01008--013 **255.00
MGR	James M. Rudnick	226 N. Duval St.	Tallahassee, FL 32301

REINSTATEMENT 2005-2007

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

James M. Rudnick
Managing member

Date

4/25/07

Daytime Phone #

850-671-1999

Typed or printed name of signing Managing Member/Manager

James M. Rudnick