PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 AUG 27 PM 1:41

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1. Limited Liability Company's Name
Sand Dollar IV, LLC DBA Sand Dollar IV Properties, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3625 N Highway 71		3625 N Highway 71	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Alma, AR		Alma, AR	
Zip	Country	Zip	Country
72921	USA	72921	USA

4. State/Country of Formation
Arkansas, USA

5. Date Organized or Qualified To Do Business in Florida 06/23/2006

6. FEI Number 20-5493604 ☐ 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
Robert Klingbeil

Street Address (P.O. Box Number is Not Acceptable) Suite,
341 Venice Avenue West

Apt #, Etc

City	State	Zip Code
Venice	FL	34285

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 8/19/24
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Lynn English	27 Riverlyn Drive	Fort Smith, AR 72903

11. E-mail Address accounting@timenglishandassoc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 8-19-24 Daytime Phone # 479-452-2570

Lynn English, Manager

F. WILSON
AUG 27 2024