

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M11000004155**

1. Limited Liability Company's Name

Halstatt Management Company, LLC

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

2640 Golden Gate Parkway

Suite, Apt. #, etc.

105

City & State

Naples

Zip

34105

Country

USA

3. Mailing Office Address

2640 Golden Gate Parkway

Suite, Apt. #, etc.

105

City & State

FL

Zip

34105

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

Courtney Williams, Asst. V.P.

Date **11-14-2016**

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
MM	Patrick George	2640 Golden Gate Parkway	Naples, FL 34105
MM	Katherine Sproul	2640 Golden Gate Parkway	Naples, FL 34105
Control	Jason Gabauer	2640 Golden Gate Parkway	Naples, FL 34105
REINSTATEMENT			S. HAWKES
2015-2016			NOV 14 AM
			EXAMINER

11. E-mail Address:

(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

[Signature]

Date **11/3/16**

Daytime Phone # **239-302-6692**

Typed or printed name of signing authorized representative/member **Patrick George**

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16 NOV 14 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100292343241

CR2ED41 (1/14)

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

45-3026810

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 369164 8044365
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : November 14, 2016

ORDER TIME : 2:41 PM

ORDER NO. : 369164-005

CUSTOMER NO: 8044365

REINSTATEMENT

NAME: HALSTATT MANAGEMENT COMPANY,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

SUFFICIENCY OF FILING

16 NOV 14 PM 4:37

RECEIVED