# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3339
Fax Number : (954)208-0845

16 OCT 25 PM 12:50
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**LIMITED LIABILITY REINSTATEMENT**
**WATERMARK BOCA CIEGA BAY OWNER, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $238.75 |

OCT 25 2016
R. HUNT

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**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT 25 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15000003428

1. Limited Liability Company's Name
WATERMARK BOCA CIEGA BAY OWNER, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2020 W. RUDASILL ROAD | 2020 W. RUDASILL ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TUCSON, AZ | City & State: TUCSON, AZ |
| Zip: 85704 Country: USA | Zip: 85704 Country: USA |

4. State/Country of Formation: Delaware/USA

5. Date Organized or Qualified To Do Business in Florida: 5/4/2015

6. FEI Number: 38-3957385 ☐ 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 SYSTEM

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 605, F.S.

Signature of Registered Agent: Mark Holloway, Asst. Sec. Date: 10/21/2016

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 |
|---|---|---|---|
| AA | David Barnes | 2020 W. RUDASILL ROAD | TUCSON, AZ 85704 |
| | | | |
| | REINSTATEMENT | | |
| | | OCT 25 2016 | |
| | | R. HUNT | |
| | | | |

11. E-mail Address: licensing@watermarkcommunities.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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 10/21/2016 Daytime Phone #: 520-797-4000

Typed or printed name of signing Authorized Representative/Manager: David Barnes