


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M19 8704			
1. Limited Liability Company's Name AC ANCLOTE VILLAGE MARINA LLC		02/15/21--01027--017 **243.75 900360217169 02/15/21--01027--017 **243.75	
2. Principal Office Address - No P.O. Box # 16201 DODD STREET		3. Mailing Office Address 16201 DODD STREET	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State VOLENTE, TX		City & State VOLENTE, TX	
Zip 73641	Country USA	Zip 78641	Country USA
4. State/Country of Formation TEXAS			
5. Date Organized or Qualified To Do Business in Florida 9/10/2019			
6. FEI Number 84-2953307			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Suite, 515 EAST PARK AVENUE Apt. #, Etc. 2ND FL 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 <u>Jason Fischer Asst. Secretary</u> Date <u>2/10/2021</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles MGR	Name of Authorized Representatives/Managers AUSTIN CAMERON	Street Address of Each Authorized Representative/Manager 16907 ROCKY RIDGE ROAD	City / State / Zip AUSTIN, TX 78734
FEB 16 2021			
11. E-mail Address <u>KATHYE@VIPMARINAS.COM</u>			
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 <u>Austin Cameron</u> Date <u>2/10/2021</u> Daytime Phone # <u>512-657-0023</u> Typed or printed name of signing authorized representative/member <u>Austin Cameron</u>			