

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 10:40

45/29

DOCUMENT #

ma94-108

1. Limited Liability Company's Name

LCM II LTD. LIABILITY CO.,

REINSTATEMENT

2001
2002

2. Principal Office Address

24398 HWY 82

Suite, Apt. #, etc.

City & State
BASALT, CO

Zip Country
81621 USA

3. Mailing Office Address

P.O. BOX 620

Suite, Apt. #, etc.

City & State
BASALT, CO

Zip Country
81621 USA

4. State/Country of Formation

COLORADO

**5. Date Organized or Qualified
To Do Business in Florida**

10/06/94

6. FEI Number

84-1229496

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES HARDWICK, C/O DUNES CLUB COMPANY

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

5472 FIRST COAST HWY

Suite, Apt. #, Etc.

SUITE 13

City

AMELIA ISLAND

State
FL

Zip Code
32034

000005638760-8

-05/30/02--01008--007

****200.00 ****200.00

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

James Hardwick

REGISTERED AGENT MUST SIGN

Date 4/10/02

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 |
|--------|--------------------------------------|---|--------------------|
| MGRM | LIGHT, JAMES W | 24398 HWY 82 | BASALT, CO 81621 |
| MBR | LIGHT, DIANNE G | 1501 ROSE SPUR | SNOWMASS, CO 81654 |
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REINSTATEMENT

2001
2002

CR2E041 (9/01)

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 W. Light

Date 10/16/01 Daytime Phone # (970) 927-0847

Typed or printed name of signing Managing Member/Manager JAMES W. LIGHT