

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 3:09

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000412**

Fountain Inn Associates, L.L.C.
250 Sixth Avenue South
St. Petersburg, Florida 33701

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

250 Sixth Avenue S

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33701

Country

USA

2a. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

08/26/96

3a. State of Formation

Michigan

4. FEI Number

59-2054240

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Jan Swallow
250 Sixth Avenue South
St. Petersburg, Florida 33701

8. Name and Address of New Registered Agent

Name

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

100002339491--8

Suite, Apt. #, etc.

-11/05/97--01098--019

*******8.75 *****8.75**

City

FL

Zip Code

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

Jan Swallow

Date **10/30/97**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**St. Pete Properties,
Inc., by Carl Ruby,
President**

250 Sixth Avenue South

**St. Petersburg, FL
33701**

100002339491--8

-11/05/97--01098--020

*******703.75 *****703.75**

REINSTATEMENT

97
dec

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

By:

Carl Ruby
Carl Ruby, President

Date **10/ /97**

Daytime Phone # **(813) 895-5771**

Typed or printed name of signing Managing Member/Manager

FISHER AND WILSEY, P.A.
ATTORNEYS AND COUNSELORS AT LAW
275 FOURTH STREET NORTH
ST. PETERSBURG, FLORIDA 33701-3209

GEORGE F. WILSEY
Board Certified Wills,
Trusts and Estates;
Certified Circuit Mediator

(813) 898-1181

FAX (813) 821-6681

STEVEN M. WILSEY
Also Certified
Public Accountant

DAVID F. WILSEY

ROBERT W. FISHER
Of Counsel

October 30, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Fountain Inn Associates, L.L.C.

Dear Sir or Madam:

I enclose the following:

1. Application for Reinstatement for Limited Liability Company.
2. Check for \$703.75 for the reinstatement.
3. Check for \$8.75 for Certificate of Status.

Please provide certificate of status reflecting the reinstatement.

If you have any questions or need any further information, please call.

Very truly yours,


GEORGE F. WILSEY

GFW:paf

Enclosure