

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 14 AM 10:17

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000778

1. Limited Liability Company's Name

Peppertree Pointe Marina LLC

REINSTATEMENT 00-05

2. Principal Office Address

11780 Iona Road

3. Mailing Office Address

11780 Iona Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33908

Country

USA

Zip

33908

Country

USA

4. State/Country of Formation

Wisconsin

5. Date Organized or Qualified
To Do Business in Florida

11/25/1997

6. FEI Number

391912723

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

Virginia Cummings

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

11780 Iona Road

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

Virginia Cummings
REGISTERED AGENT MUST SIGN

Date

1-11-2005

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
MGR	A.M. Chudnow	839 N 11th Street	Milwaukee, Wisconsin 53233

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

A.M. Chudnow

Date 12/28/04

Daytime Phone #

414-274-6010

Typed or printed name of signing Managing Member/Manager

A.M. Chudnow

CR20041 (10/02)