

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 AUG 12 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/06/10--01034--005 \*\*1626.25

CR2E041 (05/10)

DOCUMENT # M98000001007

1. Limited Liability Company's Name

U.S. 19 Property, LLC

2. Principal Office Address - No P.O. Box #

60 Howard Drive SE SHOTGUN

Suite, Apt. #, etc.

City & State

Edwards, CO

Zip

81632

Country

USA

3. Mailing Office Address

PMB 398

Suite, Apt. #, etc.

PO Box 3000

City & State

Edwards, CO

Zip

81632

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/14/1998

6. FEI Number

☐ 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  
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
2731 Executive Park Drive

Suite, Apt. #, Etc.  
Suite 4

City  
Weston

State  
FL

Zip Code  
33331

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

*[Signature]*

Date 7-30-10

REGISTERED AGENT MUST SIGN

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	Marshall Gordon	60 Howard Drive	Edwards, CO 81632

REINSTATEMENT 2000-10

CL 8-13-10

11. E-mail Address: MARSHALL60@USA.NET  
(To be used for future annual report notifications)

12. 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

*[Signature]*

Date 7-30-10

Daytime Phone # 910 926 0772

Typed or printed name of signing Managing Member/Manager