

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN 25 PM 4: 05

DOCUMENT # L01000000647

1. Limited Liability Company's Name
16065 SO. TAMiami TRAIL. LLC.

REINSTATEMENT 2007-10 SER

700166942787
01/22/10--01016--013 **555.00 ✓
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>15432 BRIAR RIDGE Cn</u>		3. Mailing Office Address <u>15432 BRIAR RIDGE Cn</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FORT MYERS FL</u>		City & State <u>FORT MYERS FL</u>	
Zip <u>33912</u>	Country <u>US</u>	Zip <u>33912</u>	Country <u>US</u>

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1/2/01</u>	
6. FEI Number <u>65-1067847</u>	Applied For Not Applicable
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
FRANCIS, ROBERT

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

Suite, Apt. #, Etc.
15432 BRIAR RIDGE Cn

City
FORT MYERS

State
FL

Zip Code
33912

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 1-19-10

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
<u>MGR</u>	<u>FRANCIS, ROBERT</u>	<u>15432 BRIAR RIDGE Cn</u>	<u>FORT MYERS FL 33912</u>
<u>MGR</u>	<u>FRANCIS, SHARON</u>	<u>15432 BRIAR RIDGE Cn</u>	<u>FORT MYERS FL 33912</u>

11. E-mail Address: BSRDRacin@aol.com
(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 1-19-10 Daytime Phone # 239-340-0503

Typed or printed name of signing Managing Member/Manager _____