


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007356

1. Limited Liability Company's Name
Willow Company, L.L.C.

2. Principal Office Address 2400 First Strset		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.	
City & State Fort Myers, Florida		City & State	
Zip 33901	Country Lee	Zip	Country

4. State/Country of Formation Florida/Lee	
5. Date Organized or Qualified To Do Business in Florida 5/9/2001	
6. FEI Number 65-1107930	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
R&A Agents, Inc. c/o Steven W. Hubbard, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2320 First Street

Suite, Apt. #, Etc.
Suite 1000

City
Fort Myers

State
FL

Zip Code
33901

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 *Steven W. Hubbard* Date _____
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
MGR	Christopher P. Janson	2400 First Street, Suite 202	Fort Myers, Florida 33901

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05/05/05-01063-001 **300.00

2002-2005
REINSTATEMENT

11. I certify that I, as 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 *CA* Date 3-30-05 Daytime Phone # 239 344-0490

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (10/02)