

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 31 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000147538830  
03/26/09--01015--012 \*\*416.25

CR2E041 (10/08)

DOCUMENT # 105000085372

1. Limited Liability Company's Name

Alexis Properties LLC

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

6063 Lee Ann Lane

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

34109

Country

USA

3. Mailing Office Address

6063 Lee Ann Lane

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

34109

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 8-18-2005

6. FEI Number

41-2183160

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

Graysen P. Johnson II

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

6063 Lee Ann Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

3/23/09

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	Graysen P. Johnson II	6063 Lee Ann Lane	Naples FL 34109
MFR	Persephone Johnson	6063 Lee Ann Lane	Naples FL 34109

**REINSTATEMENT 07-09**

DB

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

[Signature]

Date

3/23/09

Daytime Phone #

239-254-0108

Typed or printed name of signing Managing Member/Manager

Graysen P. Johnson II