

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M03600003725**

1. Limited Liability Company's Name

4690 Daniels Parkway, LLC

400143031154
04/15/09--01035--008 **39.00
CR2E041 (10/08)

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

4690 Daniels Parkway
Suite, Apt. #, etc.

3. Mailing Office Address

4690 Daniels Parkway
Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip **33912**
Country

City & State

Fort Myers, FL

Zip **33912**
Country

4. State/Country of Formation

IL

5. Date Organized or Qualified To Do Business in Florida

11/5/03

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 **Raymond L. Schumann, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
3451 Bonita Bay Blvd Ste 200

Suite, Apt. #, Etc.

City **Bonita Springs**

State **FL** Zip Code **34134**

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]**
REGISTERED AGENT MUST SIGN

Date **4/8/09**

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
MBR	Jack Mayer	11504 W. 183 rd St, ^{SWNV} Ste	Orland Park, IL 60467

400143031154
02/06/09--01044--015 **793.50

REINSTATEMENT 2004-09

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 _____ Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____