

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 24 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000014152

Name and Mailing Address

0005617 01 FP 0.352 \*\*PRSR T7 0 0615 34119-462099  
BARB'S HOMETENDERS, LLC  
199 MONTERREY DR  
NAPLES FL 34119-4620

400009715864  
12/27/02--01047--004 \*\*150.00

MJH



2/24-2002-2003

2. New Mailing Address

10601 COPPERLAKE DR  
BONITA SPRINGS FL 34135

Principal Place of Business

199 MONTERREY DR  
NAPLES FL 34119

3. New Principal Place of Business Address

10601 COPPERLAKE DR  
BONITA SPRINGS FL 34135

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/16/2000

6. FEI Number 59-3687271  
APPLIED FOR

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

LOTES, KEVIN R ESQ  
C/O PORTER WRIGHT MORRIS & ARTHUR LLP  
5801 PELICAN BAY BLVD SUITE 300  
NAPLES FL 34108-2709

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Kevin R. Lottes

REGISTERED AGENT MUST SIGN

Date 2/21/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FRITZCHE, BARBARA A	199 MONTERREY DRIVE	NAPLES FL 34119

400009715864  
02/24/03--01082--003 \*\*50.00

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

Barbara A. Fritzche

Date

10/25/02

Daytime Phone #

239-496-1951

Typed or printed name of signing Managing Member/Manager