

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002548

1. Limited Liability Company's Name

The Ball House, L.L.C.

2. Principal Office Address

12896 Iona Road

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

Lee

3. Mailing Office Address

12896 Iona Road

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

Lee

4. State/Country of Formation

Lee County, Florida

**5. Date Organized or Qualified
To Do Business in Florida**

3/7/00

6. FEI Number

65-1000726

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Margo Farrara

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

12896 Iona Road

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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

Margo Farrara
Margo Farrara

REGISTERED AGENT MUST SIGN

Date November 16, 2001

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
Manager	Margo Farrara	12896 Iona Road	Fort Myers, FL 33908
Member	Margaret Ball Farrara	12896 Iona Road	Fort Myers, FL 33908
Member	Fred L. Ball	14152 Dallas Court	Gainesville, VA 20155
Member	Susan C. Ball	255 W. 84th Street, #7A	New York, NY 10024
Member	James Arthur Ball	65 E. 11th Street, #5A	New York, NY 10003

REINSTATEMENT

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

Margo Farrara
Margo Farrara

Date 11/16/01

Daytime Phone # 941-466-5877

Typed or printed name of signing Managing Member/Manager