

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 28 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000002548

1. Limited Liability Company's Name

The BallHouse, L.L.C.

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

11501 Oakmont Court

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Office Address

11501 Oakmont Court

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 3/7/2000

6. FEI Number
651000726

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

Louis R. Jeffrey

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

11501 Oakmont Court

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

☐ 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.

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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

Louis R. Jeffrey

REGISTERED AGENT MUST SIGN

Date 04/30/2009

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	Louis R. Jeffrey	11501 Oakmont Court	Fort Myers, FL 33908
MGRM	Susan Ball	255 W. 84th Street	New York, NY 10024
MGRM	James A. Ball	230 Lauer Road	Poughkeepsie, NY 12603

L. SELLERS

MAY 29 2009

EXAMINER

REINSTATEMENT

04-09

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

Louis R. Jeffrey

Date 04/30/2009

Daytime Phone # 239-482-4855

Typed or printed name of signing Managing Member/Manager Louis R. Jeffrey