

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004002

1. Limited Liability Company's Name

Orange Mark, LLC

CR2E041 (1/07)

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

807 Arrowhead Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34114

Country

USA

3. Mailing Office Address

6454 Crestway Drive

Suite, Apt. #, etc.

City & State

Brookville, OH

Zip

45309

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

36-4359487

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

Mathias H. Heck, Jr.

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

807 Arrowhead Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34114

☐ 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

Mathias H. Heck, Jr.
REGISTERED AGENT MUST SIGN

Date 5-17-07

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	Cynthia M. Heck	6454 Crestway Drive	Brookville, OH 45309
			200103604002 05/31/07--01019--013 **250.00
			REINSTATEMENT
			05.06.07

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

Cynthia M. Heck

Date 5-17-07

Daytime Phone # 937-837-3592

Typed or printed name of signing Managing Member/Manager Cynthia M. Heck