

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000007580**

1. Limited Liability Company's Name

Lee Air & Electric, LLC

2. Principal Office Address

12541 Metro Pkwy

Suite, Apt. #, etc.

#21

City & State

Ft. MYERS FL

Zip

33912

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

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

7-20-01

6. FEI Number

65 102 0425

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Michael B. Rose

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

17910 Sawmill Lane

400004739564-1

12/26/01 01069 024

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

N. Ft. Myers, FL 33917

State

FL

Zip Code

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

Michael B. Rose

REGISTERED AGENT MUST SIGN

Date

11-15-01

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 |
|-----------|--------------------------------------|---|--------------------|
| Pres. | Michael B. Rose | 12541 Metro Pkwy, Unit 21, Ft. Myers, FL | 33912 |
| Vice Pres | Sandra L. Rose | 12541 Metro Pkwy, Unit 21, Ft. Myers, FL | 33912 |
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REINSTATEMENT

**01
dec**

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

Michael B. Rose

Date

11-15-01

Daytime Phone #

941 275 8221

Typed or printed name of signing Managing Member/Manager

Michael B. Rose

CR2E041 (9/01)