

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:17

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007912

1. Limited Liability Company's Name

Symark LLC

2. Principal Office Address

1851 Gulfshore Blvd

Suite, Apt. #, etc.

#18

City & State

Naples, Florida

Zip
34102

Country
USA

3. Mailing Office Address

1851 Gulfshore Blvd

Suite, Apt. #, etc.

#18

City & State

Naples, FL

Zip
34102

Country
USA

CR2E041 (8/05)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 06/30/2000

6. FEI Number

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

Bill Sanford

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

1851 Gulfshore Blvd

Suite, Apt. #, Etc.

#18

City

Naples

State
FL

Zip Code
34102

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

Bill Sanford

Date

3/30/06

REGISTERED AGENT MUST SIGN

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
member	Bill Sanford	1851 Gulfshore Blvd #18	Naples FL 34102
			800070433938
			04/14/06--01019--022 **400.00
			REINSTATEMENT 01-06

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 608.408, 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

Bill Sanford

Date

3/30/06

Daytime Phone #

239-659-0823

Typed or printed name of signing Managing Member/Manager

Bill Sanford