

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
02 MAR -7 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000000 8342

1. Limited Liability Company's Name

VENICE PROPERTIES, LLC

2. Principal Office Address

404 Bayshore Drive

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34285

Country

Sarasota

3. Mailing Office Address

404 Bayshore Drive

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34285

Country

Sarasota

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 12, 2000

6. FEI Number

65-1036506

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

Alexander G. Paderewski

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

1834 Main Street

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34236

900005072948-1

03/08/02-01048-003

****200.00 ****200.00

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

Date

2/25/02

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
Pres.	Christopher Knop (MGR)	404 Bayshore Drive	Venice, Florida 34285
Managing Member/Manager			
Sec/Treas.	Krystyna Knop (MGR)	535 S. Greek Dr.	Osprey, FL 34229

REINSTATEMENT

01-02
AC

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

Christopher Knop

Date

2-26-02

Daytime Phone #

483-4363

Typed or printed name of signing Managing Member/Manager