

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

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000000 8396

1. Limited Liability Company's Name

L + L PROPERTIES, LLC

2. Principal Office Address

1491 - D CHESAPEAKE AVE

3. Mailing Office Address

1491 CHESAPEAKE AVE

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

City & State

NAPLES FLA

City & State

NAPLES FLA.

Zip

Country

34102-0515 USA

Zip

Country

34102-0515 USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

6/19/2000

6. FEI Number

65-1025758

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

LYNCH, JOSEPH R.

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

1491 CHESAPEAKE AVE

Suite, Apt. #, Etc.

D

City

NAPLES FLA.

State

FL

Zip Code

34102-0515

400004761954-5

-01/09/02--01029--027

****155.00 ****155.00

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

Joseph R. Lynch

REGISTERED AGENT MUST SIGN

Date 12/26/01

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
MGRM	<u>LYNCH, JOSEPH R.</u>	<u>1491 - D CHESAPEAKE AVE.</u>	<u>NAPLES, FLA. 34102-0515</u>

REINSTATEMENT

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

Joseph R. Lynch

Date 12/26/01

Daytime Phone # 941-793-1491

Typed or printed name of signing Managing Member/Manager

JOSEPH R. LYNCH

CR2E041 (9/01)