

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # L00000011099

1. Limited Liability Company's Name

Bali West, LLC

c/o Gallagher & Company

2. Principal Office Address

8955 Wake Fern Dr.

Suite, Apt. #, etc.

1

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Office Address

3501 Del Prado Blvd

Suite, Apt. #, etc.

204

City & State

Cape Coral, FL

Zip

33904

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/11/2000

6. FEI Number

65-1037624

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

Amy Pate

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

5895 Hidden Oak Ln.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

[Signature]

Date 7/14/04

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
Myrm	Amy Pate	5895 Hidden Oak Ln	Naples, FL 34119
	John Patnaude	5895 Hidden Oak Ln	Naples, FL 34119
	James Ryan	125 Brooke Farm Rd	St Davids, PA 19087
	Terance Gallagher	5806 Boardwalk	Ventnor, NJ 07406
✓	Joseph D. Heard	101 Dorset Ave	Ventnor, NJ 08404

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

[Signature]

Date 7/14/04

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

CR20041 (10/02)