

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000011546

1. Limited Liability Company's Name

Park Circle LLC

2. Principal Office Address

12651 McGregor Blvd.

Suite, Apt. #, etc.

4-403

City & State

Fort Myers, FL

Zip

33919

Country

US

3. Mailing Office Address

P.O. Box 60205

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33906

Country

US

4. State/Country of Formation

Florida/ US

5. Date Organized or Qualified

To Do Business in Florida 09/25/2000

6. FEI Number

651143737

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

Truman J. Costello

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

12670 New Brittany Blvd..

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers

State

FL

Zip Code

33907

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

12/18/03

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
MGMR	Stephanie Miller	12651 McGregor Blvd. 4-403	Fort Myers, FL 33919
MGMR	Gregory F. Toth	12651 McGregor Blvd. 4-403	Fort Myers, FL 33919

REINSTATEMENT 03

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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

Date 12/15/03

Daytime Phone # 239-277-1515

Typed or printed name of signing Managing Member/Manager

Stephanie Miller