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APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 22 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000013000

1. Limited Liability Company's Name

Bonita Village, LLC.

2. Principal Office Address

804 Bentwood

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2003

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

10/24/2000

6. FEI Number

593677698

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

Stanley J. Lieberfarb

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

1100 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 405

City

Naples, Florida

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

*Stanley Lieberfarb*

REGISTERED AGENT MUST SIGN

Date October 10, 2003

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	Kenney Schryver	804 Bentwood	Naples, Florida 34108

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

*Kenney Schryver*

Date 10/10/03

Daytime Phone # (239) 566-8691

Typed or printed name of signing Managing Member/Manager Kenney Schryver

CR2E041 (10/02)