

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 # L00000013075

1. Limited Liability Company's Name

Bonann Florida Properties LLC

2. Principal Office Address

100 Fort Pickens Rd

Suite, Apt. #, etc.

Unit 205

City & State

Pensacola Beach, Fla

Zip

Country

32561

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

Same

Same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Sept 28, 2000

6. FEI Number

36-4465919

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

F. William Bonan II

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

100 Fort Pickens Road

Suite, Apt. #, Etc.

Unit 205

City

Pensacola Beach, Fla

State

FL

Zip Code

32561

800004761878-2

-01/03/02--01029--018

****150.00 ****150.00

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

F. William Bonan II

REGISTERED AGENT MUST SIGN

Date

12-24-01

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

Managers

F. William Bonan

116 East Market Street
PO Box 309

McLeansboro, IL 62859

Manager

F. William Bonan II

100 Fort Pickens Road
Unit 205

Pensacola Beach, Fla 32561

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

F. William Bonan

Date

12-24-01

Daytime Phone #

618-643-2371

Typed or printed name of signing Managing Member/Manager

F. WILLIAM BONAN

CR2041 (9/01)