

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 11 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000015691

1. Limited Liability Company's Name

Raymond W DeVries, LLC

2. Principal Office Address

3030 Davis Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1200 Central Ave

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34112

Country

Collier

City & State

Naples FL

Zip

34102

Country

Collier

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/15/00

6. FEI Number

62-1839670

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

Arlene Austin

700004725207-0

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

5811 Pelican Bay Blvd

-12/13/01--01071--021

***150.00 ***150.00

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34108

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 12/06/01

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

Member

Raymond W DeVries

1200 Central Ave

Naples FL 34102

REINSTATEMENT

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dec

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 12-4-01

Daytime Phone # 941-649-5551

Typed or printed name of signing Managing Member/Manager

Raymond DeVries