

PLEASE READ ALL INSTRUCTIONS BEFORE FILLING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

DIVISION OF CORPORATIONS

L00000015980

FILED

03 FEB -7 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015980

1. Limited Liability Company's Name

ACI DEVELOPMENT LC

9/2/01

2. Principal Office Address

7544 TREELINE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

7544 TREELINE DR.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

U.S.A.

Zip

34119

Country

U.S.A.

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified

To Do Business in Florida

12/22/00

6. FEI Number

65-1129738

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

HENRY FLOREANI

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

7544 TREELINE DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

400012698654

02/18/03--01044--016 **250.00

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

Henry Flores

REGISTERED AGENT MUST SIGN

Date 2.5.03

10. Names and Street Addresses of Managing Members/Managers

Titles

Managing Members/Managers

Street Address of Each Managing Member/Manager

City / State / Zip

MGRM
PRINCIPAL
MGRM
PRINCIPAL

FRED HERZOG

7544 TREELINE DRIVE

NAPLES / FL / 34119

HENRY FLOREANI

7544 TREELINE DRIVE

NAPLES / FL / 34119

REINSTATEMENT 2001-2003

HK

AK

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

Henry Flores

Date 2.5.03

Daytime Phone # 239.596.9482

Typed or printed name of signing Managing Member/Manager

HENRY FLOREANI

CR2E041 (9/01)