

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016082

1. Limited Liability Company's Name

Allen Munro, LLC

500035808475
05/10/04--01055--015 **200.00

2. Principal Office Address

3351 Creekview Drive

3. Mailing Office Address

3351 Creekview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

US

Zip

34134

Country

US

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12-21-2000

6. FEI Number

593693289

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

Marc F. Oates, P.A. c/o Marc F. Oates, Esq.

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

10001 Tamiami Trail N.

Suite, Apt. #, Etc.

Ste. 119

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

Marc F. Oates

REGISTERED AGENT MUST SIGN

Date

5-6-04

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	Larry A. Haines	7756 Jewel Lane, Unit 101	Naples, Florida
MGRM	Nancy M. Kelso	3351 Creekview Drive	Bonita Springs, Florida 34134

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

Larry A. Haines

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager