

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

02 NOV 12 AM 10:54

1. DOCUMENT # L01000000647

Name and Mailing Address

0010259 01 FP 0.352 \*\*PRSRT H7 0 0615 33908-424265



16065 SO. TAMIAMI TRAIL LIMITED LIABILITY COMPANY  
16065 S. TAMIAMI TRAIL  
FORT MYERS FL 33908-4242

REINSTATEMENT 2002



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 16065 S. TAMIAMI TRAIL FORT MYERS FL 33908		5. Date Organized or Qualified To Do Business in Florida 01/12/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1067847 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FRANCIS, ROBERT L 16065 S. TAMIAMI TRAIL FORT MYERS FL 33908		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Robert L Francis</i> Date 10-23-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Francis, Robert L.	15432 Briar Ridge Circle	Fort Myers, FL 33912
MGRM	Francis, Sharon L.	15432 Briar Ridge Circle	Fort Myers, FL 33912
MGRM	Francis, Robin R.	15432 Briar Ridge Circle	Fort Myers, FL 33912
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REINSTATEMENT 2002			

12. 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 *Sharon L Francis* Date 10-23-02 Daytime Phone # 239-482-4511

Typed or printed name of signing Managing Member/Manager Sharon L Francis

CR2EC84 (8/02)