

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATION**

**10 JAN 25 PM 4: 05**

**DOCUMENT #** L01000000647

1. Limited Liability Company's Name

16065 SO. TAMiami TRAIL. LLC.

**REINSTATEMENT** 2007-10 SER

700166942787  
01/22/10--01016--013 \*\*555.00 ✓  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

15432 BRIAR RIDGE Cn

Suite, Apt. #, etc.

3. Mailing Office Address

15432 BRIAR RIDGE Cn

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

Country

33912

US

City & State

FORT MYERS FL

Zip

Country

33912

US

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/12/01

6. FEI Number

65-1067847

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

FRANCIS, ROBERT

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

Suite, Apt. #, Etc.

15432 BRIAR RIDGE Cn

City

FORT MYERS

State

FL

Zip Code

33912

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 1-19-10

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
MR	FRANCIS, ROBERT	15432 BRIAR RIDGE Cn	FORT MYERS FL 33912
MR	FRANCIS, SHARON	15432 BRIAR RIDGE Cn	FORT MYERS FL 33912

11. E-mail Address: BSRDRacin@aol.com

(To be used for future annual report notifications)

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

Date 1-19-10

Daytime Phone # 239-340-0503

Typed or printed name of signing Managing Member/Manager