

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 PM 12:02

1. DOCUMENT # L01000001139

Name and Mailing Address

0005459 01 FP 0.352 **PRST T7 0 0615 34103-367732



COTTAGE CLASSICS LLC
3450 N GULF SHORE BLVD., SUITE 507
NAPLES FL 34103-3677



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/22/2001

Principal Place of Business

3450 N GULF SHORE BLVD., SUITE 507
NAPLES FL 34103

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

52.2311591

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

MCDERMOTT, MARGIE
3450 N GULF SHORE BLVD., SUITE 507
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

Margie Fay

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

Same

City

800008833168

11/06/02--01098--002 **50.00

FL

Zip Code

CR2E084 (8/02)

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

Margie Fay

REGISTERED AGENT MUST SIGN

Date 10-30-02

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
MEM	Leland Fay	3450 Gulf Shore -	Naples FL 34103

11/6

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

Margie Fay

LELAND FAY

Date 10-30-02

Daytime Phone # 239-430-5678

Typed or printed name of signing Managing Member/Manager

Margie Fay