

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000001817

Name and Mailing Address

02 NOV 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005520 01 FP 0.352 **PRSR T7 0 0615 34108-252505



2605 ANDERSON, L.L.C.
P.M.B. 303, 8805 TAMIAMI TRAIL NORTH
NAPLES FL 34108-2525



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/02/2001

Principal Place of Business

P.M.B. 303, 8805 TAMIAMI TRAIL NORTH
NAPLES FL 34108

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

WATKINS, NICOLAS J P.A.
COURVOISIER CENTRE I, SUITE 504
501 BRICKELL KEY DRIVE
MIAMI FL 33131

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 limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/8/02

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
MGR	MARY JANE DEFALCO	P.M.B. 303, 8805 TAMIAMI TRAIL NORTH	NAPLES FL 34108

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11/13/02--01039--024 **155.00

REINSTATEMENT

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

Mary Jane De Falco

Date

Nov 04, 02

Daytime Phone #

239 513 9155

Typed or printed name of signing Managing Member/Manager

Mary Jane De Falco

CR2E084 (8/02)