

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -6 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003342

1. Limited Liability Company's Name

BRI'GGS OPTICAL TWO, L.C.

CR2E041 (1/07)

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

15495 TAMiami TRAIL

Suite/Apt. #, etc.

123

City & State

NAPLES FLORIDA

Zip

34110

Country

USA

3. Mailing Office Address

15495 TAMiami TRAIL

Suite/Apt. #, etc.

123

City & State

NAPLES, FLORIDA

Zip

34110

Country

USA

4. State/Country of Formation

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

MARCH 2001

6. FEI Number

760459395

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

DONALD BRI'GGS

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

15495 AUDURON PLAZA,

Suite/Apt. #, Etc.

123

City

NAPLES

State

FL

Zip Code

34110

☒ 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

Donald Briggs

REGISTERED AGENT MUST SIGN

Date 10/30/07

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	JEANETTE BRI'GGS	15495 TAMiami TRAIL Suite 123	NAPLES, FLORIDA 34110
MGRM	DONALD BRI'GGS	15495 TAMiami TRAIL Suite 123	NAPLES FL 34110
STATEMENT 04-01 700111562737 11/01/07--01004--013 **150.00			

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

Donald Briggs

Date 10/30/07

Daytime Phone # 239-293-0332

Typed or printed name of signing Managing Member/Manager

DONALD BRI'GGS