

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
John S. ...
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004821

Name and Mailing Address

0005618 01 FP 0.352 **PRST T7 0 0615 34119-465599



AURA VENTURES, LLC
6599 GLEN ARBOR WAY
NAPLES FL 34119-4655

REINSTATEMENT

2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

6599 GLEN ARBOR WAY
NAPLES FL 34119

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/28/2001

6. FEI Number

65-1091326

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date 11-12-02

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	PEPE EDERER, JOSEPH	6599 GLEN ARBOR WAY	NAPLES FL 34119

200009024352
11/15/02-01066-005 **155.00

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

Pepe EO

Date 11/1/02

Daytime Phone (941) 348-7450

Typed or printed name of signing Managing Member/Manager