

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

1. DOCUMENT # L01000005730

Name and Mailing Address

03 JAN 22 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005504 01 FP 0.352 **PRST T7 0 0815 34104-358352



ORYX, LLC
100 AVIATION DRIVE SOUTH
SUITE 202
NAPLES FL 34104-3583



2. New Mailing Address

City, State, Zip

Principal Place of Business

100 AVIATION DRIVE SOUTH
SUITE 202
NAPLES FL 34104

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

04/12/2001

6. FEI Number

NA

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

MURRAY, PAUL A
5117 CASTELLO DRIVE
SUITE 2
NAPLES FL 34103

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

REGISTERED AGENT MUST SIGN

Date

12/23/2002

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

MGRM Wallace J Hilliard

100 Aviation Drive South
Suite 202

100 Aviation Drive South
Suite 202
Naples, Florida, 34104

4000009748614

12/31/02--01005--005 **150.00

REINSTATEMENT 2002-03

4000009748614

AL 01/15/03--01063--021 **50.00

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

Date

1-13-2003

Daytime Phone #

239-403-8312