

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007356

1. Limited Liability Company's Name

Willow Company, L.L.C.

2. Principal Office Address

2400 First Strset

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33901

Country

Lee

Zip

Country

4. State/Country of Formation

Florida/Lee

5. Date Organized or Qualified
To Do Business in Florida

5/9/2001

6. FEI Number

65-1107930

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

R&A Agents, Inc. c/o Steven W. Hubbard, Esq.

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

2320 First Street

Suite, Apt. #, Etc.

Suite 1000

City

Fort Myers

State

FL

Zip Code

33901

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

Steven W. Hubbard

Date

REGISTERED AGENT MUST SIGN

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
MGR	Christopher P. Janson	2400 First Street, Suite 202	Fort Myers, Florida 33901

500053924075
05/05/05-01063-001 **300.00

2002-2005
REINSTATEMENT

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

CA

Date

3-30-05

Daytime Phone #

239 344-0490

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)