

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 10 PM 3:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000019768**

1. Limited Liability Company's Name

Franco Enterprises, L.L.C.

700035808607
05/10/04--01055--020 **225.00

2. Principal Office Address

6606 Ridgewood Dr

3. Mailing Office Address

6606 Ridgewood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples

Zip

FL

Country

34108

Zip

FL

Country

34108

4. State/Country of Formation

Michigan

5. Date Organized or Qualified
To Do Business in Florida

11-15-2001

6. FEI Number

38-3174745

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

LESTER B. LAW

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

5551 RIDGEWOOD DRIVE

Suite, Apt. #, Etc.

STE 501

City

NAPLES

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date **5/3/2004**

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
MGMR	Melissa R. Franco	6606 Ridgewood Dr	Naples, FL 34108

REINSTATEMENT 2003-04

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

Melissa R. Franco

Date

4/7/04

Daytime Phone #

239.596.0697

Typed or printed name of signing Managing Member/Manager **Melissa R. Franco**

CR2E041 (10/02)