

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L010000022254**

1. Limited Liability Company's Name

CHARLOTTE COUNTY PARK OF COMMERCE, LLC

BW

2. Principal Office Address

3873 S. HORSESHOE DR

Suite, Apt. #, etc.

SUITE 138

City & State

NAPLES, FL

Zip

34184

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/20/2001

6. FEI Number

04-3589749

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

MICHAEL R. MCKINLEY

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

18401 MURDOCK CIRCLE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33948

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

MICHAEL R. MCKINLEY

Date OCTOBER 26, 2004

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
MGRM	RICHARD VETTER	3873 S. HORSESHOE DRIVE, S. 138	NAPLES, FL 34184
D	DONALD L. ARNOLD	3873 S. HORSESHOE DRIVE, S. 138	NAPLES, FL 34184

REINSTATEMENT 2004

100042906481  
11/19/04--01057--007 \*\*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

*Richard Vetter*

Date 10/29/04

Daytime Phone# 239-825-8686

Typed or printed name of signing Managing Member/Manager

RICHARD VETTER

CR2E041 (10/02)