

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000999

1. Limited Liability Company's Name

Gulfview Investments, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
13640 Six Mile Cypress Pkwy

3. Mailing Office Address
13640 Six Mile Cypress Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

Zip Country
33912 USA

Zip Country
33912 USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **1/10/2002**

6. FEI Number
260039580

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
Terri A. Lodge

Street Address (P.O. Box Number is Not Acceptable)
11131 Lockett Rd Ext

Suite, Apt. #, Etc.

City
Ft. Myers, FL

State Zip Code
FL 33912

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Terri A. Lodge

REGISTERED AGENT MUST SIGN

Date **8/8/07**

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	Helen N. Hitch	13640 Six Mile Cypress Pkwy	Ft. Myers, FL 33912
MGR	Terri A. Lodge	13640 Six Mile Cypress Pkwy	Ft. Myers, FL 33912

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REINSTATEMENT

05-07
BPA

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 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 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

Terri A. Lodge

Date **8/8/07**

Daytime Phone # **239 989-5690**

Typed or printed name of signing Managing Member/Manager