


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS
2004 + 2005 REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:40

DOCUMENT # L02000001831

1. Limited Liability Company's Name

James E. Doane, Jr., LLC

CR2E041 (8/05)

2. Principal Office Address 2240 Tarpon Rd. Suite, Apt. #, etc.		3. Mailing Office Address 2240 Tarpon Rd. Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 1/22/2002	
6. FEI Number 030381039	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name James E. Doane Jr.	
Street Address (P.O. Box Number is Not Acceptable) 2240 Tarpon Rd.	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34102	

100061519391
11/17/05-01043-020 **200.00

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 11/11/05

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
MEM	James E. Doane Jr.	2240 Tarpon Rd.	Naples, FL 34102
REINSTATEMENT 04-05			

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

Date 11/11/05

Daytime Phone# (239) 777-4744

Typed or printed name of signing Managing Member/Manager

James E. Doane Jr.