

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

1. DOCUMENT # L02000002460

Name and Mailing Address

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TECHNOLOGY PARTNERS, LLC  
8990 BAY COLONY DRIVE, UNIT 1504  
NAPLES FL 34108-6705

we 12/01



REINSTATEMENT

2003

2. New Mailing Address

5150 Tamiami Trail North Suite 600

City, State, Zip  
Naples, FL 34103

Principal Place of Business

8990 BAY COLONY DRIVE, UNIT 1504  
NAPLES FL 34108

3. New Principal Place of Business Address

5150 Tamiami Trail

City, State, Zip  
Naples, FL 34103

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/31/2002

6. FEI Number

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

JAMES BRONCE HENDERSON III  
8990 BAY COLONY DRIVE, UNIT 1504  
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name James Bronce Henderson III

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

9746 Niblich Lane

City Naples

FL

Zip Code 34108

10. 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 11-8-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/managers	Street Address of Each Managing Member/Manager	City / State / Zip
mg. Member	James Bronce Henderson	9746 Niblich Lane	Naples, FL, 34108

REINSTATEMENT

2003

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12. 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 11-8-03

Daytime Phone 239-734-6900

Typed or printed name of signing Managing Member/Manager