

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013951

Name and Mailing Address

0014577 01 AT 0.292 \*\*AUTO T3 1 0615 34110-846726



BASCOM DEVELOPMENT, L.L.C.  
1004 COLLIER CENTER WAY  
SUITE 101  
NAPLES FL 34110-8467



2. New Mailing Address

6281 Metro Plantation Rd

City, State, Zip

Ft Myers FL 33912

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

06/03/2002

Principal Place of Business

1004 COLLIER CENTER WAY  
SUITE 101  
NAPLES FL 34110

3. New Principal Place of Business Address

6281 Metro Plantation Rd

City, State, Zip

Ft Myers FL 33912

6. FEI Number

03-047 0565

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

NEWBERRY, RICHARD E  
5042 GROVELAND TERRACE  
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name  
Donald E. Brooks

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

6281 Metro Plantation Rd

City

Ft Myers

FL

Zip Code

33912

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

**SIGNATURE REQUIRED**

Date 4-16-04

REGISTERED AGENT MUST SIGN

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
MGR	Brooks, Donald	6281 Metro Plantation Rd	Ft Myers FL 33912
MGR	Newberry, Richard E.	5042 Groveland Terrace	Naples FL 34119

800033231618

04/21/04 01017-009 \*\*200.00

2003-2004

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 4-16-04

Daytime Phone # 239-939-5251

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)