

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 18 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000014237

1. Limited Liability Company's Name

Gulf Coast Batter of ~~S~~
South West Florida LLC

2. Principal Office Address

2364 FRANCIS AVE #4
NAPLES FL 34112

Suite, Apt. #, etc.

UNIT #4

City & State

NAPLES FL

Zip

34112

Country

COINOR

3. Mailing Office Address

2364 FRANCIS AVE #4

Suite, Apt. #, etc.

UNIT #4

City & State

NAPLES FL

Zip

34112

Country

COINOR

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6-7-2002

6. FEI Number

010715912

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

SCOTT RUSSO

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

2364 FRANCIS AVE

Suite, Apt. #, Etc.

UNIT #4

City

NAPLES

State

FL

Zip Code

34112

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

SCOTT RUSSO

REGISTERED AGENT MUST SIGN

Date

10-18-04

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	SCOTT RUSSO	2364 FRANCIS AVE #4	NAPLES FL 34112

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

SCOTT RUSSO

Date 10-18-04

Daytime Phone # 239-438-5435

Typed or printed name of signing Managing Member/Manager

STATEMENT

03-04/11

CR2E041 (10/02)

I Did NOT Receive THE ANNUAL REPORT
INFO for 2003 ~~Scott~~ R ~~~~~

FILED
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04 OCT 18 AM 10:23