

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000020501

1. Limited Liability Company's Name

Alexandrea Investments, LLC

FILED  
03 NOV 21 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

2. Principal Office Address

3755 Liberty Square

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

Lee

3. Mailing Office Address

3755 Liberty Square

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33908

Country

Lee

4. State/Country of Formation

Florida

5. Date Organized or Qualified

-To Do Business in Florida

08/12/2002

6. FEI Number

04-3709161

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

J. Stephen Crawford

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

28000 Spanish Wells Boulevard

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

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

*J. Stephen Crawford*

REGISTERED AGENT MUST SIGN

Date 11/13/2003

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	Linda O. Crawford	3755 Liberty Square	Fort Myers, FL 33908
MGR	J. Stephen Crawford	28000 Spanish Wells Boulevard	Bonita Springs, FL 34135

REINSTATEMENT 2003

BK

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

*J. Stephen Crawford*

Date 11/13/2003

Daytime Phone # 239/949-1818

Typed or printed name of signing Managing Member/Manager

J. Stephen Crawford, Manager

CR2E041 (10/02)