

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 22 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000021736

1. Limited Liability Company's Name

Insignia Construction and Development Group, LLC

2. Principal Office Address

8774 Muirfield Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

August 23, 2002

6. FEI Number

55-0818196

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

Paul K. Heuerman, Esquire

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

Roetzel & Andress, 850 Park Shore Drive

Suite, Apt. #, Etc.

Third Floor

City

Naples

State

FL

Zip Code

34103

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

Paul K. Heuerman

Date

4-6-04

REGISTERED AGENT MUST SIGN

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
M/Mgr	Anthony L. Emma, Jr.	120 White Birch Circle	Hope, Rhode Island 02831
M/Mgr	Martin E. McInnis	8774 Muirfield Drive	Naples, Florida 34109

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

Anthony L. Emma Jr.

Date

4-6-04

Daytime Phone #

401-323-1110

Typed or printed name of signing Managing Member/Manager

ANTHONY L. EMMA JR.

CR2E041 (10/02)