

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022204

1. Corporation Name

FBNE, LLC

2. Principal Office Address - No P.O. Box #

11806 QUAIL VILLAGE WAY

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34119

Country

US

3. Mailing Office Address

11806 QUAIL VILLAGE WAY

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34119

Country

US

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/28/2002

5. FEI Number
043709960

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

REG A. BUXTON

Street Address (P.O. Box Number is Not Acceptable)
11806 QUAIL VILLAGE WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Reg A Buxton

Date **MARCH 18, 2009**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	REG A. BUXTON	11806 QUAIL VILLAGE WAY	NAPLES FL 34119

000147952560
03/30/09 01034 012 **416.25

REINSTATEMENT *2007-09 JB*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Reg A Buxton

REG A. BUXTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 18, 2009 239-572-0051

Date

Daytime Phone #