## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000028352

03 NOV -3 AM 8: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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REUVEN, LLC 5385 PALMETTO DRIVE NAPLES FL 34119



New Mailing Address			4. State/Country of Formation FL			
City, State, Zip			5. Date Organized or Qualified 10/24/2002			
Principal Place of Business 5385 PALMETTO DRIVE	3. New Principal Place of Busine	cipal Place of Business Address		6. FEI Number 16-1649549		
NAPLES FL 34119	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
REINSTEIN, REUBEN T 5385 PALMETTO DRIVE NAPLES FL 34119		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		City FL Zip Code				
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						
11. Names and Street Addresses of Each Managing Member/Manager						
Members/Managers Mal		eet Address of Each ging Member/Manager		·	City / State / Zip	
RES REUMEN REI	NSTEIN 5385 )	PALMETT	DN.	NAPLES, FZ	A. 34119	
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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 filling 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/Manage Lender Lennale Date 10/18/09 Daytime Phone # 239-352-2607						