

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 31 PM 3:55

DOCUMENT # L02000030320

1. Limited Liability Company's Name

Nassau Pools Construction of Charlotte  
County, LLC

900120588809  
03/18/08--01012--025 \*\*516.25

CR2E041 (12/07)

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

3740 27th Ave SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

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

11/13/2002

6. FEI Number

431983751

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

Pamela Guite

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

3740 27th Avenue SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

☐ A \$100 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 \$100  
reinstatement be waived.

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

Pamela Guite

REGISTERED AGENT MUST SIGN

Date 3/11/08

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
Mgrm	Parris Guite	3740 27th Ave SW Naples FL 34117	Naples FL 34117
Mgrm	Pamela Guite	3740 27th Ave SW	Naples FL 34117

REINSTATEMENT 2006-08

11. I certify that I am managing member/manager of 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

Date

3/11/08

Daytime Phone #

(239) 455-9322

Typed or printed name of signing Managing Member/Manager

Parris A. Guite