

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04  
300.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000011641

1. Limited Liability Company's Name

JRMD Property Company, LLC

2. Principal Office Address

300 Fifth Ave. South

Suite, Apt. #, etc.

101

City & State

Naples, FL

Zip

34102

Country

3. Mailing Office Address

300 Fifth Ave. South

Suite, Apt. #, etc.

101

City & State

Naples, FL

Zip

34102

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEIN Number

20-8198191

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

Peter L. Keeley, JD

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

5551 Ridgewood Drive, Suite 501

Suite, Apt. #, Etc.

City

Naples, FL

State

FL

Zip Code

34108

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

Date

4-11-07

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
MGRM	Marti Smye	300 Fifth Ave. South	Naples, FL 34102
MGR	Rebecca Maddox	300 Fifth Ave. South	Naples, FL 34102

05/08/07--01006--007 \*\*300.00

**REINSTATEMENT**

04-07

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

Date

1-16-07

Daytime Phone #

203-733-6665

Typed or printed name of signing Managing Member/Manager

REBECCA MADDOX