

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500066834995

02/28/06--01050--036 **250.00
CR2E041 (8/05)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000017504**

1. Limited Liability Company's Name

FINN INVESTMENTS, L.L.C.
12270 COCONUT CREEK COURT,
FORT MYERS, FLORIDA 33908

2. Principal Office Address

12270 COCONUT CREEK COURT,

Suite, Apt. #, etc.

N/A

City & State

FORT MYERS, FLORIDA

Zip

33908

Country

USA

3. Mailing Office Address

12270 COCONUT CREEK COURT,

Suite, Apt. #, etc.

N/A

City & State

FORT MYERS, FLORIDA

Zip

33908

Country

USA

4. State/Country of Formation

FLORIDA

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

MAY 2003

6. FEI Number

81-061-3351

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

MATTHEW T. (THOMAS) FINN

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

12270 COCONUT CREEK COURT,

Suite, Apt. #, Etc.

N/A

City

FORT MYERS, FLORIDA

State

FL

Zip Code

33908

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

Matthew T. Finn
REGISTERED AGENT MUST SIGN

Date **2/22/06**

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
<i>MCALM</i>	FIONA FINN	12270 COCONUT CREEK COURT,	FORT MYERS, FLORIDA, 33908
<i>MCALM</i>	MATTHEW T. FINN	12270 COCONUT CREEK COURT,	FORT MYERS, FLORIDA 33908

REINSTATEMENT

2004-2006

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

Matthew T. Finn
MATTHEW T. FINN

Date **2/22/06**

Daytime Phone # **239-691-7206**

Typed or printed name of signing Managing Member/Manager