

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 10:59

DOCUMENT # L03000017975

1. Entity Name
THE NAEYAERT BEACH PROPERTY, LLC



Principal Place of Business
5124 BONITA BEACH ROAD, SW
BONITA BEACH, FL 34134

Mailing Address
5124 BONITA BEACH ROAD, SW
BONITA BEACH, FL 34134

900055592829
06/01/05--01080--002 **100.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192005 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDY, WILLIAM T
C/O THE LAW OFFICE OF WILLIAM EDY
201 NICHOLAS PARKWAY WEST
CAPE CORAL, FL 33991-2590

7. Name and Address of New Registered Agent

Name David M. Platt
Street Address (P.O. Box Number is Not Acceptable)
Henderson Franklin Starnes & Holt, P.A.
1648 Periwinkle Way, Suite B
City Sanibel FL Zip Code 33957

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Managing Member ☐ Delete
NAME Sherry Botana
STREET ADDRESS 5124 Bonita Beach Rd.
CITY-ST-ZIP Bonita Springs, Florida 34134 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sherry Botana

Sherry Botana

5-19-05

239-495-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 04-05