

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

07 OCT 17 PM 4:06

CR2E041 (1/07)

DOCUMENT # L03000019060

1. Limited Liability Company's Name

RISHER PROPERTIES, LLC.

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

7800 DREW CIRCLE

Suite, Apt. #, etc.

SUITE 15

City & State

FT. MYERS, FLORIDA

Zip

33967

Country

US

3. Mailing Office Address

7800 DREW CIRCLE

Suite, Apt. #, etc.

SUITE 15

City & State

FT. MYERS, FLORIDA

Zip

33967

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

MAY 23, 2003

6. FEI Number

20-0035817

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

DOUGLAS H RISHER

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

5120 PALMETTO WOODS DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

☐ 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

Douglas H Risher

REGISTERED AGENT MUST SIGN

Date 10.8.07

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
<u>MGR</u>	<u>DOUGLAS H RISHER</u>	<u>5120 PALMETTO WOODS DR</u>	<u>NAPLES, FL 34119</u>

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REINSTATEMENT 2006-07

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

Douglas H Risher

Date 10/8/07

Daytime Phone # 239.275.9463

Typed or printed name of signing Managing Member/Manager

DOUGLAS H RISHER