

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L03000022420

1. Limited Liability Company's Name  
**FJR Alico, LLC**

2. Principal Office Address - No P.O. Box #  
**4731 Bonita Bay Blvd**

Suite, Apt. #, etc.  
**1903**

City & State  
**Bonita Springs, FL**

Zip Country  
**34134 US**

3. Mailing Office Address  
**4731 Bonita Bay Blvd**

Suite, Apt. #, etc.  
**1903**

City & State  
**Bonita Springs, FL**

Zip Country  
**34134 US**

**8. Name and Address of Current Registered Agent**

Name  
**Scott Westlake**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**4731 Bonita Bay Blvd**

Apt. #, Etc.  
**1903**

City State Zip Code  
**Bonita Springs FL 34134**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Scott Westlake*

REGISTERED AGENT MUST SIGN

Date **02/03/2021**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Scott Westlake	4731 Bonita Bay Blvd, 1903	Bonita Springs, FL 34134

11. E-mail Address **S scowe145@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Scott Westlake*

Date **02/03/2021**

Daytime Phone # **913-401-3071**

Typed or printed name of signing authorized representative/member **Scott Westlake**

CR2E041 (1/14)

4. State/Country of Formation  
**FL/US**

5. Date Organized or Qualified  
To Do Business in Florida **6/16/2003**

6. FEI Number  
**54-2114835**

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

2021 FEB 11 AM 8:32

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V SULKER  
FEB 12 2021

**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 02/11/2021

en: 15/11

Name:	FJR Alico, LLC
Document #:	L03000022420
Order #:	13498273

Certified Copy of Arts & Amend:	<input type="checkbox"/>	Reinstatement can't be done online		
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>	This is a 1-2 filing Keep together		
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: ☒ Certified: ☒  
Plain: ☐  
COGS: ☐

Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ Please tell us how much

\$ 1071.25 + 30  
\$ 1,101.25

**Thank you!**

11-11-66