

L03000030827

COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 11:20

DOCUMENT # L03000030827

1. Limited Liability Company's Name

CENTRAL METRO LLC
2651 PARK WINDSOR DR UNIT 208
FT. MYERS, FL 33901

2. Principal Office Address

2651 PARK WINDSOR RD
Suite, Apt. #, etc.
STE 208

3. Mailing Office Address

P.O. Box 7259
Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33901 US

Zip

33911 US

4. State/Country of Formation

FLA, US

5. Date Organized or Qualified To Do Business in Florida

8-19-03

6. FEI Number

Applied For

☒ **Not Applicable**

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Stephen M. Levine

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

2651 PARK WINDSOR DR

Suite, Apt. #, Etc.

#208

City

FT. MYERS

State

FL

Zip Code

33901

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

Stephen M. Levine

REGISTERED AGENT MUST SIGN

Date

10/20/06

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
<u>MEM</u>	<u>Stephen M. Levine</u>	<u>2651 PARK WINDSOR DR</u> <u>#208</u>	<u>FT. MYERS, FL</u> <u>33901</u>

REINSTATEMENT

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Rec'd.
10/23

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

Stephen M. Levine

Date

10/20/06

Daytime Phone #

239-278-0000

Typed or printed name of signing Managing Member/Manager

Stephen M. Levine