

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA
900162766459
11/12/09--01039--012 **660.00

DOCUMENT # L03000039056

1. Limited Liability Company's Name

AKA PROPERTIES, LLC

CR2E041 (11/09)

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

12701 MASTIQUE BEACH
BLVD.

Suite, Apt. #, etc.

402

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 354

City & State

Ft. MYERS, FL

City & State

SANIBEL, FL

Zip

33908

Country

USA

Zip

33957

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

10-6-2003

6. FEI Number

753136954

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

RAFAEL R. PEREZ

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

12701 MASTIQUE BEACH BLVD

Suite, Apt. #, Etc.

402

City

Ft. MYERS

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

Rafael R. Perez
REGISTERED AGENT MUST SIGN

Date Nov 9, 2009

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
MGRM	RAFAEL R PEREZ	12701 MASTIQUE BEACH BLVD.	Ft. MYERS, FL 33908

L. SELLERS

NOV 17 2009

EXAMINER

11. E-mail Address: RAFAEL PEREZ @ GMAIL . COM

(To be used for future annual report notifications)

12. 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

Rafael R. Perez

Date 11/9/09

Daytime Phone # 239 443 6776

Typed or printed name of signing Managing Member/Manager