## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000040470

Entity Name: SCOTT D. BONK, LLC

Name:

Address:

City-St-Zip:

11030 RIVER TRENT COURT

LEHIGH ACRES, FL 33971

**FILED** Oct 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913 **Current Mailing Address: New Mailing Address:** 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913 FEI Number: 57-1190610 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONK, SCOTT D 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913 US 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. SIGNATURE: SCOTT D. BONK Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCOTT D. BONK AND ASSOCIATES, INC. Name: Name: 11691 GATEWAY BOULEVARD, SUITE 102 Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BONK, SCOTT D Name: Address: 11239 PADDINGTON TERRACE Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BONK, SHIRLEY M Name: Name: 11239 PADDINGTON TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition BONK, JEFFREY S

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT D. BONK 10/23/2009