

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:02

DOCUMENT # L04000003252

1. Entity Name
DONNA MASON LLC



Principal Place of Business
17595 S. TAMiami
106
FORT MYERS, FL 33908

Mailing Address
17595 S. TAMiami
106
FORT MYERS, FL 33908

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10112006 REIN-LLC CR2E101 (11/05)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
20-0582125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, DONNA
17595 S. TAMiami
106
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
MGR	MASON, DONNA	17595 S. TAMiami	FORT MYERS, FL 33908	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
		600080888456	10/17/06--01009--024 **\$0.00	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

REINSTATEMENT 2006

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

SIGNATURE: Donna L. Mason 10/12/06 (239) 437-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #