

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -8 PM 2:12

DOCUMENT # A04000007455

1. Limited Liability Company's Name

EDENROCK DEVELOPMENT, L.L.C.

200170693012
02/26/10--01041--023 **421.25
CR2E041 (11/09)

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

2244 Trade Center Way
Suite, Apt. #, etc.

3. Mailing Office Address

2244 Trade Center Way
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

Zip

34109

Country

Collier

Zip

34109

Country

Collier

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

1/27/2004

6. FEI Number

20-0617075

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael S. Peel

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

10248 Gator Bay Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

☒ 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.

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

Michael S. Peel
REGISTERED AGENT MUST SIGN

Date 2/25/10

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>MGR</u>	<u>Michael S. Peel</u>	<u>10248 Gator Bay Ct</u>	<u>Naples FL 34120</u>
<u>M</u>	<u>Stephen L. Peel</u>	<u>2323 Tarpon Road</u>	<u>Naples FL 34102</u>

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11. E-mail Address:

(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 608.408, 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

Michael S. Peel

Date 2/25/10

Daytime Phone # 239-571-5006

Typed or printed name of signing Managing Member/Manager

Michael S. Peel