

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP -6 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500109295165  
09/11/07--01018--016 \*\*255.00

CR2E041 (1/07)

DOCUMENT # L04000014174

1. Limited Liability Company's Name

Park Villa, LLC

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

14601 Safe Landing Court

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip 33908

Country

3. Mailing Office Address

P.O. Box 08221  
~~14601 Safe Landing Court~~

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip 33908

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

February 23, 2004

6. FEI Number

37-1413613

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

Charles T. Bell, Jr.

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

14601 Safe Landing Ct.

Suite, Apt. #, Etc.

City Fort Myers,

State  
FL

33908

☐ 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

REGISTERED AGENT MUST SIGN

Date 8-22-2007

**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
MGR	Charles T. Bell, Jr.	14601 Safe Landing Court	Fort Myers, FL 33908
MGR	Aurelia J. Bell	14601 Safe Landing Court	Fort Myers, FL 33908

REINSTATEMENT 05-07

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

Date

8/23/07

Daytime Phone

(839) 482-1730

Typed or printed name of signing Managing Member/Manager