

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:30

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000015854**

1. Limited Liability Company's Name

BLT DEVELOPMENT, LLC

2. Principal Office Address

353 CUDDY CT

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34103

Country

USA

3. Mailing Office Address

353 CUDDY CT

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34103

Country

USA

CR2E041 (3/05)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

02/27/04

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

THOMAS F. RIEGER

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

1320 BALD EAGLE DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34105

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent

Thomas F. Rieger

REGISTERED AGENT MUST SIGN

Date **9/26/06**

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
MR.	ROBERT KENNEDY	353 CUDDY CT	NAPLES, FL 34102
MR.	THOMAS RIEGER	1320 BALD EAGLE DR.	NAPLES, FL 34105

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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

Thomas F. Rieger

Date **9/26/06**

Daytime Phone # **239-450-0503**

Typed or printed name of signing Managing Member/Manager

THOMAS F. RIEGER