


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 12 MAR 23 PM 3:11	
DOCUMENT #		L04000017		FIELD ADDRESS: FILED 6450 STRINGFELLOW ROAD ST. JAMES CITY, FL 33956 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name LOUSANA FAXXS LLC					
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address			
534 AVELL HOTELE CIR. Suite, Apt. #, etc. 8201		534 AVELL HOTELE CIR. Suite, Apt. #, etc. 8201			
City & State NAPLES, FL.		City & State NAPLES, FL.			
Zip 34119	Country COLLIER	Zip 34119	Country COLLIER		
8. Name and Address of Current Registered Agent		4. State/Country of Formation LEE			
DENNIS HEINS 534 AVELL HOTELE SCIRCLE Suite, Apt. #, Etc. UNIT 8201		5. Date Organized or Qualified To Do Business in Florida 2/23/2004			
City NAPLES		State FL		6. FEI Number 900144403	
Zip Code 34119				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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.		E-mail Address: REINSTATEMENT DHEINS@HEINSNURSERY.COM (To be used for future annual report notices)			
Signature of Registered Agent		Date			
REGISTERED AGENT MUST SIGN					
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	
Pres.	DENNIS J. HEINS	534 AVELL HOTELE SCIRCLE UNIT 8201		NAPLES, FL 34119	
				300223632889 03/27/12--01001--004 **138.75	
				B. BOSTICK MAR 26 2012	
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager		Date 2/28/12 Daytime Phone # 622-262-1197			
Typed or printed name of signing Managing Member/Manager					

Dear Sir

You may find my handwriting difficult to read.

My wife Dianne passed away on Oct. 3<sup>rd</sup> 2008.

She was listed as the registered agent for Lousana Palms LLC., I  
Dennis Heins, was listed as manager.

Dianne, therefore, filed the annual corporate reports with the  
state of Florida. Evidently, since her passing, I have been  
remiss at filing these reports. Therefore, I would like to  
reinstate Lousana Palms LLC with the state of Florida.

The property location for Lousana Palms is 6450 Stringfellow  
Road, St. James City, Fl. 33956

The previous principal address was 445 Dockside Drive 1003  
Naples, Fl. 34110. I would like to change the principal address  
too: 534 Avellino Isles Circle 8201, Naples, Fl. 34119.

Included is a personal check for \$516.25. This includes the \$100  
reinstatement fee and the fees for three annual reports.

I can be reached by cell phone at 612-282-1197, by fax 239-234-  
5396 or by email at [dheins@heinsnursery.com](mailto:dheins@heinsnursery.com)

Sincerely,

Dennis Heins



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2012

LOUSANA PALMS LLC  
534 AVELLINO ISLES CIRCLE 8201  
NAPLES, FL 34119

SUBJECT: LOUSANA PALMS LLC  
Ref. Number: L04000017140

We have received your document for LOUSANA PALMS LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$655.00.

There is a balance due of \$138.75.

Please list the current registered agent name and address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 012A00008509