

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000019041

1. Limited Liability Company's Name

Neopolitan Ventures, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6610 Willow Park Drive

Suite, Apt. #, etc.

200

City & State

Naples, FL

Zip

34109

Country

US

3. Mailing Office Address
6610 Willow Park Drive

Suite, Apt. #, etc.

200

City & State

Naples, FL

Zip

34109

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **03/01/2004**

6. FEI Number

34-1982150

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
Christopher O. Wright

Street Address (P.O. Box Number is Not Acceptable)
6610 Willow Park Drive

Suite, Apt. #, Etc.

200

City

Naples

State

FL

Zip Code

34109

☒ 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

Christopher O. Wright

Date

4/27/07

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
MRGM	Christopher O. Wright	6610 Willow Park Drive Suite 200	Naples, FL 34109
			800103287916 05/25/07--01024--006 **150.00

REINSTATEMENT

Doyle

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

Christopher O. Wright

Date

4/27/07

Daytime Phone #

239.597.0575

Typed or printed name of signing Managing Member/Manager

Christopher O. Wright