PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2024 OCT 28 PM 4:20

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000019928

1. Limited Liability Company's Name
Stoneburner Development Company LLC

OR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
465 Bayfront Place	465 Bayfront Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples, FL
Zip: 34102 Country: US	Zip: 34102 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number ☐ 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: Kevin Stoneburner

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 465 Bayfront Place

City: Naples State: FL Zip Code: 34102

REINSTATEMENT

2024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 10/23/24
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Kevin Stoneburner	4410 Bayfront Place	Naples, FL 34102

OCT 29 2024
M WILLIAMS

11. E-mail Address: Kevin@StoneburnerCompanies.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 10/23/24 Daytime Phone # 239-649-8700

Typed or printed name of signing authorized representative/member _____