

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 18 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000022488

1. Limited Liability Company's Name

Jendersee Enterprises, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 708 96th Avenue North		3. Mailing Office Address 708 96th Avenue North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34108	Country USA	Zip 34108	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/15/2004	
6. FEI Number 77-0627859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Kyle Jendersee

Street Address (P.O. Box Number is Not Acceptable)
708 96th Avenue North

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34108

☒ 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

Kyle Jendersee

REGISTERED AGENT MUST SIGN

Date

7/12/07

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
MGRM	Kyle Jendersee	708 96th Avenue North	Naples, Florida 34108
Member	Brian Buckler	857 109th Avenue North, Unit C	Naples, Florida 34108

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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

Kyle Jendersee

Date

7/12/07

Daytime Phone #

239-438-7756

Typed or printed name of signing Managing Member/Manager

Kyle Jendersee