

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 AM 10:54

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000024676

1. Limited Liability Company's Name

Bonita Palms LLC

000080308430  
09/29/06--01054--020 \*\*205.00

CR2E041 (8/05)

2. Principal Office Address  
27804 Forester Dr.

Suite, Apt. #, etc.

3. Mailing Office Address  
27804 Forester Dr.

Suite, Apt. #, etc.

City & State  
Bonita Springs, FL

Zip  
34134

Country  
USA

City & State  
Bonita Springs, FL

Zip  
34134

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

March 22, 2004

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

Amy R. Wolfe

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

27804 Forester Dr.

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

GR Wolfe

REGISTERED AGENT MUST SIGN

Date

9-27-06

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
MGRM	Amy R. Wolfe	27804 Forester Dr.	Bonita Springs, FL 34134

REINSTATEMENT 05-06

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

GR Wolfe

Date

9-27-06

Daytime Phone #

239-860-7597

Typed or printed name of signing Managing Member/Manager

Amy R. Wolfe