

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000028193**

1. Limited Liability Company's Name

Amherst Septic, L.L.C.

2. Principal Office Address - No P.O. Box #
1201 Ridge Street

Suite, Apt. #, etc.

City & State
Naples, FL

Zip Country
34103 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 4/13/04

6. FEI Number
201430857

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

Michael J. Volpe, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Robins, Kaplan, Miller & Ciresi, L.L.P.
711 Fifth Avenue South, Suite 201

Suite, Apt. #, Etc.
Suite 201

City State Zip Code
Naples FL 34102

☐ 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

Michael J. Volpe

REGISTERED AGENT MUST SIGN

Date 12.2.08

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
MGR	Robert Brown	1017 Ridge Street	Naples, FL 34103

REINSTATEMENT *12-08*

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

Robert Brown

Date 12-5-08 Daytime Phone # 239-261-0157

Typed or printed name of signing Managing Member/Manager Robert Brown

ATTORNEYS AT LAW

MICHAEL J. VOLPE
239-213-1962
MJVolpe@rkmc.com

December 11, 2008

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Amherst Septic, L.L.C.
Our File No.: 100270.0001

Dear Sir or Madam:

Enclosed please find my client's check no. 1529 made payable to Secretary of State in the amount of \$516.25 for the reinstatement and annual fees, together with the Reinstatement form for Amherst Septic, L.L.C.

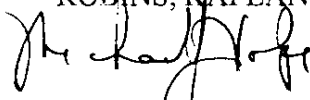
Please file this form. I understand my client's check will be his only receipt that this matter has been properly filed and the Company reinstated.

If you have any questions, just give me a call.

Thank you.

Very truly yours,

ROBINS, KAPLAN, MILLER & CIRESI L.L.P.



Michael J. Volpe

MJV/amw
Enclosures
cc: Amherst Septic, L.L.C.