

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
JUL 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000033555

1. Limited Liability Company's Name

Sstoneburner Interchange, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

13241 University Drive

3. Mailing Office Address

13241 University Drive

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 04/28/2004

6. FEI Number

20-1053838

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

Bolanos Truxton, PA

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

12800 University Drive

Suite, Apt. #, Etc.

Suite 350

City

Fort Myers, FL

State

FL

Zip Code

33907

☐ 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

Gross ST 24

Date

7/14/09

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
MGRM	Shawn Stoneburner	13241 University Drive, Suite 101	Fort Myers, FL 33907
		S. HAWKES	
		JUL 24 2009	
		2007-09	
		REINSTATEMENT EXAMINER	
		2007-09	

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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

Shawn Stoneburner

Date

7/13/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Shawn Stoneburner**