

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -4 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800212842888
10/03/11--01059--002 **243.75

CR2E041 (05/10)

DOCUMENT # L04000034169

1. Limited Liability Company's Name

A-1 PATIOS LLC

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

1754 BEVERLY DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

✓

Zip

34114

Country

COLLIER

Zip

✓

Country

✓

4. State/Country of Formation

FLA - COLLIER

5. Date Organized or Qualified-
To Do Business in Florida

1994

6. FEI Number

86-1105988

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

MARY ELLIS

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

1754 BEVERLY DR.

Suite, Apt. #, Etc.

10

City

NAPLES

State

FL

Zip Code

34114

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

Mary Ellis

REGISTERED AGENT MUST SIGN

Date

10/1/11

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
PRES	HOWARD ELLIS 90%	1754 BEVERLY DR	NAPLES FL 34114
MEMBER	ELIZABETH GOULD 10%	1754 BEVERLY DR	NAPLES FL 34114

11. E-mail Address: ME012357@comcast.net

(To be used for future annual report notifications)

12. 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

Howard Ellis

Date 10-1-11

Daytime Phone # (39) 417-4224

Typed or printed name of signing Managing Member/Manager