

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN -6 PM 3:21

DOCUMENT # L04000038214

1. Limited Liability Company's Name

1640 Collingswood, LLC

000104120050
06/08/07--01033--018 **255.00
CR2E041 (1/07)

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

718 Willowood Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

US

3. Mailing Office Address

718 Willowood Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

US

4. State/Country of Formation

Florida

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

5/19/2004

6. FEI Number

20-1186322

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Brennan, Manna & Diamond, P.L.

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

3301 Bonita Beach Road

Suite, Apt. #, Etc.

Suite 100

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.

Brennan, Manna & Diamond, P.L.

Signature of

Registered Agent

By: Scott W. Duval

REGISTERED AGENT MUST SIGN

Date

6/4/07

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	Galterius A. Grajo	718 Willowood Lane	Naples, FL 34108

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

Galterius A. Grajo

Date

6/4/07

Daytime Phone #

(239) 598-9283

Typed or printed name of signing Managing Member/Manager

Galterius A. Grajo