

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500104750805
06/22/07--01050--010 **150.00

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

W4000068487

1. Limited Liability Company's Name

Olde Towne Construction, LLC

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

14832 Indigo Lakes Circle

3. Mailing Office Address

PO Box 546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Marco Island, FL

Zip

34119

Country

USA

Zip

34146

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida September 20, 2004

6. FEI Number

20-8817046

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
David N. Morrison

Street Address (P.O. Box Number is Not Acceptable)
9010 Strada Stell Court

Suite, Apt. #, Etc.
Suite 105

City
Naples

State
FL

Zip Code
34109

☒ 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

David N. Morrison
REGISTERED AGENT MUST SIGN

Date ~~4/11/05~~ 6/1/07

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	Jeffrey R. Rucker	14832 Indigo Lakes Circle	Naples, FL 34119
MGRM	CHARLES M. BROWN	1850 SW 18 th Ave #303	Naples, FL 34471
MGR	PAUL LANB FORD	14991 SAVANNAH DR.	Naples, FL 34119

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

Jeffrey R. Rucker

Date 6/15/07

Daytime Phone# (239) 877-8310

Typed or printed name of signing Managing Member/Manager Jeffrey R. Rucker