

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 000069608

1. Limited Liability Company's Name

Carson's Road House of Fort Myers, LLC

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

18767 S Tamiami Trl

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33908

Country

USA

3. Mailing Office Address

3051 Miller Road

Suite, Apt. #, etc.

City & State

Ann Arbor MI

Zip

48103

Country

USA

4. State/Country of Formation

FL / USA

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

1/1/2004

6. FEI Number

20-1715148

☐ 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 C Gibbons

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

21775 Sand Way

Suite, Apt. #, Etc.

Unit 102

City

Estero

State

FL

Zip Code

33928

☐ 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 C Gibbons

S. HAWKES

Date

9/24/09

REGISTERED AGENT MUST SIGN

SEP 30 2009

10. Names and Street Addresses of Managing Members/Managers

REINSTATEMENT		EXAMINER	
Titles	Names of Managing Members/Managers	Street Address of Managing Member/Manager	City / State / Zip
Ptnr	<u>Dennis Serras</u>	<u>605 S Main Street Ste 2</u>	<u>Ann Arbor, MI 48104</u>
Ptnr	<u>Michael Gibbons</u>	<u>605 S Main Street Ste 2</u>	<u>Ann Arbor, MI 48104</u>
Ptnr	<u>Simon Pesusich</u>	<u>605 S Main Street Ste 2</u>	<u>Ann Arbor, MI 48104</u>
Ptnr	<u>Mainstreet Ventures Inc</u>	<u>605 S Main Street Ste 2</u>	<u>Ann Arbor, MI 48104</u>
Ptnr	<u>Kent Witzel</u>	<u>28901 Cavell Terrace</u>	<u>Naples, FL 34119</u>

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

Michael C Gibbons

Date

9/24/09

Daytime Phone #

734 668-6062

Typed or printed name of signing Managing Member/Manager