

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 28 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # **L04-82370**

1. Limited Liability Company's Name

Melco International LLC

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

9331 Lakebend Preserve Court

Suite, Apt. #, etc.

City & State

Bonita springs, Fl

Zip

34135

Country

usa

3. Mailing Office Address

9331 Lakebend Preserve Court

Suite, Apt. #, etc.

City & State

Bonita Springs, Fl

Zip

34135

Country

usa

4. State/Country of Formation

Fl/ USA

5. Date Organized or Qualified

To Do Business in Florida 11/12/04

6. FEI Number

L04000082370

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

Elise Donahue

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

9331 Lakebend Preserve Court

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

☐ 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.

000133997610

08/05/08--01027--009 **377.50

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

Elise Donahue

REGISTERED AGENT MUST SIGN

Date 7/31/08

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	Elise Donahue	9331 Lakebend Preserve Court	Bonita Springs, Fl 34135
MGR	Dave Lindquist	8880 Colonades Ct West #418	Bonita Springs, Fl 34134
			000133997610 09/03/08--01004--011 **138.75
			REINSTATEMENT 06-08

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

Elise Donahue

Date 7/31/08

Daytime Phone # 239-273-7004

Typed or printed name of signing Managing Member/Manager Elise Donahue