

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV -3 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000094311**

**1. Limited Liability Company's Name**

2059 East Trail, LLC

**2. Principal Office Address - No P.O. Box #**  
c/o Brennan, Manna & Diamond

Suite, Apt. #, etc.

3301 Bonita Beach Road, #100

City & State

Bonita Springs, FL

Zip

34134

Country

USA

**3. Mailing Office Address**  
P. O. Box 89

Suite, Apt. #, etc.

City & State

Sagaponack, NY

Zip

11962

Country

USA

**4. State/Country of Formation**  
Florida

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

12/29/2004

**6. FEI Number**  
202296853

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

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

☐ 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.

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**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

Date 10/20/09

REGISTERED AGENT MUST SIGN

**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
MGR	Bryant Yunker, Jr.	P. O. Box 89	Sagaponack, NY 11962

REINSTATEMENT 08-09

DB

**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

Date 10/20/09

Daytime Phone# (239) 821-8473

Typed or printed name of signing Managing Member/Manager

Bryant Yunker, Jr., Manager