

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000000226

1. Limited Liability Company's Name

Florisota Partners, LLC

CR2E041 (8/05)

2. Principal Office Address

11210 King Palm Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

11210 King Palm Ct.

Suite, Apt. #, etc.

City & State

Fort Meyers, FL

City & State

Fort Meyers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

01/03/2005

6. FEI Number

20-2316146

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

Kerri Theisen

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

11210 King Palm Ct.

Suite, Apt. #, Etc.

City

Fort Meyers

State

FL

Zip Code

33912

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

Kerri Theisen

REGISTERED AGENT MUST SIGN

Date

2-5-07

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	Tony Lund	360 North Arm Lane	Orono, MN 55364
MGRM	Shores and More Properties, Inc.	11210 King Palm Ct.	Fort Meyers, FL 33912

REINSTATEMENT

06-07

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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

Kerri Theisen

Date *1/15/07*

Daytime Phone #

231-823-7326

Typed or printed name of signing Managing Member/Manager

Kerri Theisen