

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 3:55

DOCUMENT # L05000003567

1. Limited Liability Company's Name

F & S Fusion Properties LLC

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

14594 Indigo Lakes Circle

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34119

Country

USA

3. Mailing Office Address

14594 Indigo Lakes Circle

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34119

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **1/11/2005**

6. FEI Number

20-2267344

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

Suzanne Gopman

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

14594 Indigo Lakes Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

☐ 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

Suzanne Gopman

REGISTERED AGENT MUST SIGN

Date **1/7/08**

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	Suzanne Gopman	14594 Indigo Lakes Circle	Naples, Florida 34119
			700114862907 01/11/08--01049--022 **100.00
			700114862907 01/11/08--01049--023 **238.75
			<i>WJ</i>

REINSTATEMENT
2006-2008

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

Suzanne Gopman

Date **1/7/08**

Daytime Phone # **(239) 348-1258**

Typed or printed name of signing Managing Member/Manager **Suzanne Gopman**