

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000010006

1. Limited Liability Company's Name

David & Guerra, LLC

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

4252 Tarpon Ave.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

US

3. Mailing Office Address

4252 Tarpon Ave.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

02/01/05

6. FEI Number

74-3181598

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

David B. Nirenberg

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

4252 Tarpon Ave.

Suite, Apt. #, Etc.

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.

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

REGISTERED AGENT MUST SIGN

Date 10-3-2008

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
Mrs.	Selma G. Nirenberg	4252 Tarpon Ave.	Bonita Springs, Florida 34134

REINSTATEMENT 07.08

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

Date 10-3-2008

Daytime Phone # 800-282-8725

Typed or printed name of signing Managing Member/Manager