

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000028867

1. Limited Liability Company's Name

GL CHAPIN, LLC

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

2091 Imperial Circle

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34110

Country

US

3. Mailing Office Address

2091 Imperial Circle

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34110

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/23/05

6. FEI Number

☐ 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

Gregory L. Chapin

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

2091 Imperial Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

☒ 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

July 30 09

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	Gregory L. Chapin	2091 Imperial Circle S. HAWKES	Naples, FL 34110
		AUG 6 2009	
		REINSTATEMENT EXAMINER	
		400159301894	08/03/09--01005--010 **971.25
	2006-09	55500	

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

Daytime Phone #

Gregory L. Chapin, Manager

Typed or printed name of signing Managing Member/Manager

289-0223

Date

July 30 09

Daytime Phone #

289-0223