PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 22 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700188711307
12/15/10--01026--005 **382.50

CR2E041 (05/10)

DOCUMENT # L05000049022

1. Limited Liability Company's Name

Nipper Canal Street, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5565 Lee St.	5781 Lee Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit 7	#208-327
City & State	City & State
Lehigh Acres, FL	Lehigh Acres, FL
Zip / Country	Zip / Country
33971 / USA	33971 / USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 5/17/2005

6. FEI Number: 20-3278374 ☐ 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: Nipper, William B.

Street Address (P.O. Box Number is Not Acceptable): 5781 Lee Boulevard

Suite, Apt. #, Etc.: #208-327

City: Lehigh Acres | State: FL | Zip Code: 33971

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: Wm B Nipper Date: 12/21/2010

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
MGMR	Nipper, William B.	5781 Lee Boulevard	Lehigh Acres, FL 33971
	REINSTATEMENT 09-10 QB		

11. E-mail Address: fpplumbing@earthlink.net (To be used for future annual report notifications)

12. 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: Wm B Nipper Date: 12/10/10 Daytime Phone #: 239-482-3780

Typed or printed name of signing Managing Member/Manager