PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000062032

1. Limited Liability Company's Name
ROOKERY BAY BUSINESS PARK, LLC

900328754129
04/30/19--01010--020 **188.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6060 S. Collier Blvd		1172 South Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 132		#453	
City & State		City & State	
Naples, Fl		Coral Gables	
Zip	Country	Zip	Country
34114	USA	33146	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/22/2005

6. FEI Number: 20-3134398 ☐ 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: Sean Coutts

Street Address (P.O. Box Number is Not Acceptable) Suite,: 6060 S. Collier Blvd

Apt. #, Etc.: Suite 132

City	State	Zip Code
Naples	FL	34114

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Sean Coutts Date: 04.18.19

REGISTERED AGENT MUST SIGN

FILED
2019 APR 30 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mr	Sean Coutts	1172 South Dixie Hwy, #453	Coral Gables, Fl 33146

11. E-mail Address: smcoutts@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Sean Coutts Date: 04.18.19 Daytime Phone #: 305-890-4600

Typed or printed name of signing authorized representative/member:

Y SULKER

APR 30 2019