FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 APR 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069265

1. Limited Liability Company's Name

Living Dreams of Bonita, LLC

900202485729
04/19/11--01011--007 **932.50
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2775 Bishop Road		2775 Bishop Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite D		Suite D	
City & State		City & State	
Willoughby Hills, OH		Willoughby Hills, OH	
Zip	Country	Zip	Country
44092	USA	44092	USA

4. State/Country of Formation: FL/USA

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

6. FEI Number: None ☐ 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: L & L Para

Street Address (P.O. Box Number is Not Acceptable): 27911 Crown Lake Blvd.,

Suite, Apt. #, Etc.:

City: Naples | State: FL | Zip Code: 34135

E-mail Address: _____ (To be used for future annual report notices)

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 Kell D. Lyon Date 4/15/2011

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
mgr	Johnston, Robert J.	2775 Bishop Road, Suite D	Willoughby Hills, OH 44092
		REINSTATEMENT	
		J. SAULSBERRY EXAMINER	2006 - 2011 J. SAULSBERRY EXAMINER
		APR 21 2011	APR 21 2011

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. 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 Managing Member/Manager Robert J Johnston Date 4-15-2011 Daytime Phone # 440-943-4800

Typed or printed name of signing Managing Member/Manager: Robert J. Johnston, Manager