

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -7 PM 4:04

DOCUMENT # L05000089365

1. Limited Liability Company's Name

CCD FORT MYERS, LLC

10

100193544701  
02/08/11--01001--018 \*\*377.50

CR2E041 (1/11)

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

14643 DALLAS PKWY.

Suite, Apt. #, etc.

1000

City & State

DALLAS, TX

Zip

75243

Country

US

3. Mailing Office Address

14643 DALLAS PKWY.

Suite, Apt. #, etc.

1000

City & State

DALLAS, TX

Zip

75243

Country

US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified  
To Do Business in Florida

9/9/05

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

CorpDirect Agents, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

gary@mohrcap.com

(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

Michele Holden

Michele Holden,  
Asst. Secretary

Date 02/07/11

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	<u>ROBERT A. MOHR</u>	<u>14643 DALLAS PKWY #1000</u>	<u>DALLAS, TX. 75243</u>

REINSTATEMENT

2010-2011

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

[Signature]

Date 1/20/11

Daytime Phone #

972/234-0394

Typed or printed name of signing Managing Member/Manager