

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 NOV 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L05000097257**

1. Limited Liability Company's Name
2541 Tamiami Trail, LLC

REINSTATEMENT 07-14

2. Principal Office Address - No P.O. Box #
725 Cape Coral Parkway West

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip
33914

Country
USA

Zip

Country

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida
9-30-2005

6. FEI Number
20-3585364

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
Michael A. Gennaro

Street Address (P.O. Box Number is Not Acceptable)
4635 South Del Prado Boulevard

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
FL

500266375825
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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

Date

REGISTERED AGENT MUST SIGN

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
MGR	Barbara Watt-Biggs	725 Cape Coral Parkway West	Cape Coral, Florida 33914
MGR	Robert W. Biggs	725 Cape Coral Parkway West	Cape Coral, Florida 33914

11. E-mail Address:

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

11-5-14

Daytime Phone #

239-542-8611

Typed or printed name of signing Authorized Representative/Manager

Barbara Watt-Biggs