

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

09 APR 27 PM 3: 53

DOCUMENT #

1. Limited Liability Company's Name

Millbrook Holdings LLC

REINSTATEMENT 07-09 BSM

CR2E041 (10/08)

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

2170 Gulfshore Blvd N.

Suite, Apt. #, etc.

31W

City & State

Naples, FL.

Zip

34102

Country

USA

3. Mailing Office Address

2170 Gulfshore Blvd N

Suite, Apt. #, etc.

31W

City & State

Naples, FL.

Zip

34102

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

10/19/2005

6. FEI Number

42-4684246

☒ 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

Joan O. Dunkle

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

2170 Gulfshore Blvd N. # 31W

Suite, Apt. #, Etc.

Naples, FL.

City

State

FL

Zip Code

34102

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Joan O. Dunkle

REGISTERED AGENT MUST SIGN

Date April 9, 2009

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
Managing Director	Joan O. Dunkle	2170 Gulfshore Blvd N # 31W	Naples, FL. 34102

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04/27/09 01015 008 **416.25

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.

Signature of
Managing Member/Manager

Joan O. Dunkle

Date 4/9/09

Daytime Phone#

239-935-3547

Typed or printed name of signing Managing Member/Manager

JOAN O. DUNKLE