PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY · REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 DEC 13 PM 2:46
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L05000112418

1. Limited Liability Company's Name

Fortec L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4915 Rattlesnake Hammock Rd	4915 Rattlesnake Hammock Rd.
Suite, Apt. #, etc.: 169	Suite, Apt. #, etc.: 169
City & State: Naples, FL.	City & State: Naples, FL
Zip: 34113 Country: U.S.A.	Zip: 34113 Country: U.S.A.

4. State/Country of Formation: Florida. U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 1-1-06

6. FEI Number: 87-0757393 ☐ 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: Christopher J. Forte

Street Address (P.O. Box Number is Not Acceptable): 4915 Rattlesnake Hammock Rd.

Suite, Apt. #, Etc.: 169

City: Naples State: FL Zip Code: 34113

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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 608, F.S.

Signature of Registered Agent: Christopher J. Forte Date: 12-9-2010
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	Christopher J. Forte	4915 Rattlesnake Hammock Rd #169	Naples, FL. 34113

REINSTATEMENT - 09-10

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

12. 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: Christopher J. Forte Date: 12-9-2010 Daytime Phone #: 239-292-8282

Typed or printed name of signing Managing Member/Manager: _____

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