

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR -3 AM 8:45
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000112679

1. Limited Liability Company's Name

601 Regency Reserve, LLC

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

832 Regency Reserve Drive

Suite, Apt. #, etc.

#601

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

171 Milk Street

Suite, Apt. #, etc.

Suite 32

City & State

Boston, MA

Zip

02109

Country

USA

4. State/Country of Formation

FL

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

11/22/2005

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

Michael Carney

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

832 Regency Reserve Drive

Suite, Apt. #, Etc.

#601

City

Naples

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

Michael Carney
REGISTERED AGENT MUST SIGN

Date **2-18-09**

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	Michael Carney	832 Regency Reserve Drive, #601	Naples, FL 34102
			100144435751 02/25/09--01040--013 **\$55.00
REINSTATEMENT			L. SELLERS
			MAR - 4 2009
			AMINER

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

Michael Carney

Date **2-2-09**

Daytime Phone **617-312-0116**

Typed or printed name of signing Managing Member/Manager **Michael Carney**