

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

08 JUN -4 AM 8:33

DOCUMENT # L05000116524

1. Limited Liability Company's Name

3715 Buttonwood, LLC

000129050710  
06/06/08--01027--025 \*\*38.75

CR2E041 (12/07)

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

Hesthamrar 3

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

112 Reykjavik

Zip

Country

Iceland

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-3909135

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

Raymond J. Bowie, Esq.

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

900 6th Ave So, #104

Suite, Apt. #, Etc.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/20/08

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	BJORGVIN THORSTEINSSON	HESTHAMRAR 3	112 REYKJAVIK
			ICELAND

000129050710  
05/12/08--01052--003 \*\*238.75

**REINSTATEMENT** 2007-08

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

[Signature]

Date

4/3/08

Daytime Phone #

354-694 7484

Typed or printed name of signing Managing Member/Manager

BJORGVIN THORSTEINSSON