

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000116753

1. Limited Liability Company's Name

ALM Properties, LLC

CR2E041 (12/07)

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

2706 Orchard Circle

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34288

Country

USA

3. Mailing Office Address

2706 Orchard Circle

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34288

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

12/7/05

6. FEI Number

20-3895227

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

Melissa Harris

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

2706 Orchard Circle

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34288

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/31/08

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
MGRM	Melissa Harris	2706 Orchard Circle	North Port, FL 34288
MBR	Aaron Harris	2706 Orchard Circle	North Port, FL 34288

REINSTATEMENT 06-08

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08/07/08--01046--004 **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

Date

7/31/08

Daytime Phone#

941/441 7186

Typed or printed name of signing Managing Member/Manager