

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 OCT -3 PM 3: 23

DOCUMENT # L05000117309

1. Limited Liability Company's Name

AMLUCK PROPERTIES, LLC

700136607517
10/03/08--01041--004 **277.50
CR2E041 (10/08)

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

1100 Fifth Avenue South,

Suite, Apt. #, etc.

Suite 100

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

3936 Tamiami Trail North

Suite, Apt. #, etc.

Suite B

City & State

Naples, FL

Zip

34103

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12/08/2005

6. FEI Number

203902090

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

James D. Vogel, Esq., c/o Vogel Law Office, P.A.

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

3936 Tamiami Trail North

Suite, Apt. #, Etc.

Suite B

City

Naples,

State

FL

Zip Code

34103

☒ 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

10-1-08

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	Fred Kermani	P.O. Box 8297	Naples, FL 34101-8297
MGR	David Eftekhar	8782 Alico Road	Ft. Myers, FL 33912

REINSTATEMENT 07-08

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

Fred Kermani

Date

10/1/08

Daytime Phone#

239-659-4960

Typed or printed name of signing Managing Member/Manager Fred Kermani