

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 19 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOS000119799

1. Limited Liability Company's Name

SGL Investments of Naples, LLC

CR2E041 (1/11)

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

23 Woodmont Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

23 Woodmont Rd.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/15/2005

6. FEI Number

N/A

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Upper Montclair, NJ

City & State

Upper Montclair, NJ

Zip

07043

Country

USA

Zip

07043

Country

USA

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

000254032620

11/20/13--01001--008 **238.75

lenchinsky@aol.com

(To be used for future annual report notices)

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

Connie Bryan

Connie Bryan

Date 11/19/2013

REGISTERED AGENT MUST SIGN Assistant Secretary

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
<u>Member</u>	<u>William Lenchinsky</u>	<u>23 Woodmont Rd.</u>	<u>Upper Montclair, NJ 07043</u>

REINSTATEMENT

NOV 19 2013

R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Bryan

Date

11/8/13

Daytime Phone # 201-507-9100

Typed or printed name of signing Managing Member/Manager