

Division of Corporations

L05000122782

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I200400000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

FILED
09 JUN -5 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

KNIGHTSBRIDGE HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

416.25

RECEIVED

09 JUN -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000122782

1. Limited Liability Company's Name

Knightsbridge Homes LLC

CR2E041 (10/08)

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

1250 Wildwood Lakes Blvd.

Suite, Apt. #, etc.

Unit 17-306

City & State

Naples FL

Zip

34104

Country

US

3. Mailing Office Address

1250 Wildwood Lakes Blvd

Suite, Apt. #, etc.

Unit 17-306

City & State

Naples FL

Zip

34104

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/28/2005

6. FEI Number

204005870

☒ 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

Registered Agent Solutions, Inc.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Date **05/26/2009**

REGISTERED AGENT MUST SIGN

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	Joseph Alfieri	74 Stonewall Circle	West Harrison NY 10604
MGRM	Charles A Cortese	104 West Gaston Street	Savannah GA 31401

REINSTATEMENT 07,09

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 **05/26/2009**

Daytime Phone# **914-428-5202**

Typed or printed name of signing Managing Member/Manager

JOSEPH ALFIERI