

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 10 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

LOG006001107

BADGER IMPROVEMENTS, LLC

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

7313 CONSTITUTION CIR. 7313 CONSTITUTION CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33967

Country

~~USA~~ USA

Zip

33967

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/04/06

6. FEI Number

20-4091321

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

CRAIG PAULSON

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

7313 CONSTITUTION CIR.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33967

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

Craig Paulson

REGISTERED AGENT MUST SIGN

Date 6-9-09

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	CRAIG PAULSON	7313 CONSTITUTION CIR.	FORT MYERS, FL 33967

REINSTATEMENT

DL-09 2009

500156983065
06/10/09--01013--026 **\$16.25

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

Craig Paulson

Date 6-9-09 Daytime Phone # 239-466-5238

Typed or printed name of signing Managing Member/Manager CRAIG PAULSON