

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:03

DOCUMENT #

1. Limited Liability Company's Name

LO6000016554

FOUNTAIN BRIDGE PRESERVE LLC

200131358162
06/16/08--01041--003 **282.50

CR2E041 (12/07)

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

17444 Boca Vista Road

Suite, Apt. #, etc.

Unit Number 1001

City & State

Punta Gorda, FL

Zip

33955

Country

USA

3. Mailing Office Address

17444 Boca Vista Road

Suite, Apt. #, etc.

Unit Number 1001

City & State

Punta Gorda, FL

Zip

33955

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/14/2006

6. FEI Number

204360410

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

Donald Reynolds

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

17444 Boca Vista Road

Suite, Apt. #, Etc.

Unit Number 1001

City

Punta Gorda

State

FL

Zip Code

33955

☒ 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

Donald Reynolds

REGISTERED AGENT MUST SIGN

Date

6/2/08

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	Donald Reynolds	17444 Boca Vista Road	Punta Gorda, FL 33955

REINSTATEMENT

W/O/P

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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

Donald Reynolds

Date

6/2/08

Daytime Phone # 239-821-8303

Typed or printed name of signing Managing Member/Manager

Donald Reynolds