

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L06000017143

1. Limited Liability Company's Name

EAGLES PROPERTY SERVICES, LLC

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

3936 JASMINE LAKE CR

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34119

Country

COLLIER

3. Mailing Office Address

3936 JASMINE LAKE CR

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34119

Country

COLLIER

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **02/16/2006**

6. FEI Number

20-4317535

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee is required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

EMERSON P. DASILVA

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

3936 JASMINE LAKE CR

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

☒ 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

X

Date **02/24/2009**

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	EMERSON P. DASILVA	3936 JASMINE LAKE CR	NAPLES, FL 34119
MGRM	NEIDE MIRANDA	3936 JASMINE LAKE CR	NAPLES, FL 34119

REINSTATEMENT

2007-09

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 **X**

Date **02/24/2009**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **EMERSON P. DASILVA**