

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 18 AM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600184421726
08/17/10--01024--009 **655.00

CR2E041 (05/10)

DOCUMENT # LO6000029608

1. Limited Liability Company's Name

Howler South Florida Properties,
L.L.C., a Florida Limited Liability
Company

2. Principal Office Address - No P.O. Box #
5251 Palmetto Woods

Drive
Suite, Apt. #, etc.

3. Mailing Office Address
229 N. Collier Blvd.

Suite, Apt. #, etc.

City & State
Naples, FL 34119

Zip
34119

Country

City & State
Marco Island, FL 34145

Zip
34145

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-4494481

☐ 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

Christopher A. Roche, Esquire

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

229 N. Collier Boulevard

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

Christopher A. Roche
REGISTERED AGENT MUST SIGN

Date 8-16-10

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 |
|--------|--------------------------------------|---|--------------------|
| MMBR | Walter L. Howler | 5251 Palmetto Woods Dr. | Naples, FL 34119 |
| MMBR | Linda L. Howler | 5251 Palmetto Woods Dr. | Naples, FL 34119 |
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11. E-mail Address: CROCHE@MARCOCABLE.COM

(To be used for future annual report notifications)

12. 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

Walter L. Howler

Date 8-13-10 Daytime Phone # 630-293-9048

Typed or printed name of signing Managing Member/Manager Walter L. Howler