

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB 20 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500117624525  
02/08/08--01034--007 \*\*282.50

CR2E041 (12/07)

**DOCUMENT # L06000075243**

1. Limited Liability Company's Name

Van Dyke Holdings, LLC

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

4353 Hancock Bridge Pkwy

Suite, Apt. #, etc.

City & State

N. Ft. Myers

Zip

33909

Country

Lee

3. Mailing Office Address

4353 Hancock Bridge Pkwy

Suite, Apt. #, etc.

City & State

N. Ft. Myers

Zip

33909

Country

Lee

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

07/28/2006

6. FEI Number

20-5306506

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

Brenda H. Van Dyke

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

4353 Hancock Bridge Pkwy

Suite, Apt. #, Etc.

City

N. Ft. Myers

State

FL

Zip Code

33909

☒ 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

*Brenda H. Van Dyke*

REGISTERED AGENT MUST SIGN

Date January 31, 2008

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 R. Van Dyke, Sr.	4353 Hancock Bridge Pkwy	N. Ft. Myers, FL 33909
MGRM	Brenda H. Van Dyke	4353 Hancock Bridge Pkwy	N. Ft. Myers, FL 33909

REINSTATEMENT 07-08

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

*Brenda H. Van Dyke*

Date

1/31/08

Daytime Phone #

540-905-9892

Typed or printed name of signing Managing Member/Manager

Brenda H. Van Dyke