

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 PM 12:32

DOCUMENT # LOG000081167

1. Limited Liability Company's Name
All Marine Dock + Seawall, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>1556 Shamrock DR.</u>		3. Mailing Office Address <u>15561 Shamrock DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ft. Myers FL</u>		City & State <u>Ft. Myers FL</u>	
Zip <u>33912</u>	Country <u>Lee</u>	Zip <u>33912</u>	Country <u>Lee</u>

4. State/Country of Formation <u>Florida / Lee</u>	
5. Date Organized or Qualified To Do Business in Florida <u>Aug. 17 2006</u>	
6. FEI Number <u>205390341</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Steve Smith</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>15561 Shamrock DR.</u>		
Suite, Apt. #, Etc.		
City <u>Ft. Myers</u>	State <u>FL</u>	Zip Code <u>33912</u>

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-15-08

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
mgr	Ronald A menard	17971 SAN CARLOS BLVD Ft. Myers Bch. FL 33931	FL Ft. Myers Bch 33931
mgrm	John Sitkins	17971 SAN CARLOS BLVD.	Ft. Myers Bch FL 33931
mgrm	Steven G. Smith	17971 SAN CARLOS BLVD	Ft Myers Bch FL 33931
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REINSTATEMENT <u>2007-2009</u>			

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

Date 12-15-08

Daytime Phone # 228 224 3494

Typed or printed name of signing Managing Member/Manager Steve Smith