PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SEUR LARY OF STATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY 10 DEC 21 PM 4: 42 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L07000003271 1. Limited Liability Company's Name Bonita Property Management, LLC CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 12660 Hunters Ridge Dr. 12660 Hunters Ridge Dr 4. State/Country of Formation Suite, Apt. #, etc. lorida Date Organized or Qualified To Do Business in Florida City & State City & State Applied For 6. FEI Number Bonita Springs. Not Applicable \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED [Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except avmond C. Schumann 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. Springs 9. It 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 Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Marin eresa M. Porter 12660 Hunters Ridge Dr. Bonita Springs, FL 3413 REINSTATEMENT 2008-12010 700175024967 04/08/10--01050--013 **416.25 11. E-mail Address davida porter@sbcglobal. net (To be used for future annual report notifications) 12. I certify that I am managing member manager or the receiver of trustee empewered 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 by 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 as if made under oath he information indicated on this application is true and accurate, and my signature shall have the same legal effect Daytime Phone # 317-946-6710 Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager



10 DEC 21 PM 4:00

RECEIVED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2010

BONITA PROPERTY MANAGEMENT, LLC *** 3RD MAILING *** DAVID PORTER 6350 E 106TH ST FISHERS, IN 46038

SUBJECT: BONITA PROPERTY MANAGEMENT, LLC

Ref. Number: L07000002271

We have received your document for BONITA PROPERTY MANAGEMENT, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00008943



November 22, 2010

BONITA PROPERTY MANAGEMENT, LLC 12660 HUNTERS RIDGE DR BONITA SPRINGS, FL 34135

SUBJECT: BONITA PROPERTY MANAGEMENT, LLC

Ref. Number: L07000002271

We have received your document for BONITA PROPERTY MANAGEMENT, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00008943



April 12, 2010

BONITA PROPERTY MANAGEMENT, LLC 12660 JUNTERS RIDGE DR BONITA SPRINGS, FL 34135

SUBJECT: BONITA PROPERTY MANAGEMENT, LLC

Ref. Number: L07000002271

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Tammy Hampton
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Registration/Qualification Section

Letter Number: 010A00008943