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
10 AUG 17 P 4:23

DOCUMENT # L07000034773

1. Limited Liability Company's Name

THE BONNELL GROUP OF COMPANIES, LLC

08

200184428532

BK

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3784 Progress Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 104			
City & State		City & State	
NAPLES, FL			
Zip	Country	Zip	Country
34104	Collier		

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 04/02/2007

6. FEI Number: 20-8779555 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☑

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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 605, F.S.

Signature of Registered Agent: Sue G. Knight as its agent Date: 8-17-10

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
Pres	Gary Stanley Bonnell	1305 Curlew Ave	Naples, FL 34102
VP	Linda Catherine Bonnell	1305 Curlew Ave	Naples, FL 34102

REINSTATEMENT 2008-2010

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: 08/16/2010 Daytime Phone #: 239-774-1890

Typed or printed name of signing Managing Member/Manager: Gary Bonnell

CORPORATION SERVICE COMPANY®

L07000034773

ACCOUNT NO. : I20000000195

REFERENCE : 481786 7580533

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 521.25

ORDER DATE : August 17, 2010

ORDER TIME : 3:48 PM

ORDER NO. : 481786-005

CUSTOMER NO: 7580533

DOMESTIC FILINGS

NAME: THE BONNELL GROUP OF CONPANIES, LLC

RECEIVED
10 AUG 17 PM 4:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS BK

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