

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 MAY 17 AM 9:34

DOCUMENT # L07000035920

1. Limited Liability Company's Name

FOURME PROPERTIES, LLC.

2. Principal Office Address - No P.O. Box #
26822 McLaughlin Blvd.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

3. Mailing Office Address

26822 McLaughlin Blvd.

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

April 4, 2007

6. FEI Number

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

David J. Mourick, Attorney at Law

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

11100 Bonita Beach Rd.,

Suite, Apt. #, Etc.

Suite 108A

City

Bonita Springs

State

FL

Zip Code

34135

☐ 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

APR 21 2010

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	Susan Wake Fitzpatrick	26822 McLaughlin Blvd.	Bonita Springs, FL 34134

REINSTATEMENT 2008-2010

11. E-mail Address: mourick@hotmail.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

Susan Wake Fitzpatrick

APR 21 2010

Daytime Phone #

630-207-4242

Typed or printed name of signing Managing Member/Manager

Susan Wake Fitzpatrick