

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 AUG 10 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO 7000121391

1. Limited Liability Company's Name

F.M.T. DEVELOPMENT GROUP LLC

CR2E041 (1/11)

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

2316 PICCADILLY CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

2316 PICCADILLY CIRCUS

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

NAPLES FL.

Zip

34112

Country

COLLIER

Zip

34112

Country

COLLIER

4. State/Country of Formation

FL. COLLIER COUNTY

5. Date Organized or Qualified  
To Do Business in Florida

12-06-07

6. FEI Number

261653383

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

FRED J. BRUNOLI

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

2316 PICCADILLY CIRCUS

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

E-mail Address:

FJB2316@AOL.COM

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(To be used for future annual report notices)

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

Fred J. Brunoli  
REGISTERED AGENT MUST SIGN

Date 8-4-2012

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	FRED J. BRUNOLI	2316 PICCADILLY CIRCUS	NAPLES FL 34112

REINSTATEMENT 2011-12 LRM

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Fred J. Brunoli

Date

8-4-2012

Daytime Phone

289-398-8341

Typed or printed name of signing Managing Member/Manager