

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

14 APR -2 PM 4:10

DOCUMENT # L 09000013800

1. Limited Liability Company's Name

LEAN ON MELANIE D. LLC

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

11288 CALLAWAY GREENS DR

Suite, Apt. #, etc.

3. Mailing Office Address

11288 CALLAWAY GREENS DR

Suite, Apt. #, etc.

City & State

FORT MYERS, FLA

Zip

33913

Country

USA

City & State

FORT MYERS, FLA

Zip

33913

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

2-11-09

6. FEI Number

26-4243571

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

MELANIE M. DEROSA

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

11288 CALLAWAY GREENS DR

Suite, Apt. #, Etc.

City

FORT MYERS,

State

FL

Zip Code

33913

900258580039  
04/02/14--01027--010 \*\*798.75

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

Melanie M. Derosa

Date

3/20/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MGR</u>	<u>MELANIE M. DEROSA</u>	<u>11288 CALLAWAY GREENS DR</u>	<u>FORT MYERS, FLA</u> <u>33913</u>

11. E-mail Address: MELANIED1@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Melanie M. Derosa

Date

3/20/14

Daytime Phone #

977 885-7133

Typed or printed name of signing Authorized Representative/Manager

MELANIE M. DEROSA

RE 4/13/14