

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 NOV -5 PM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L12000059493  
Via Palma, LLC

CR2E041 (1/14)

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

3006 VIA PALMA

Suite, Apt. #, etc.

3. Mailing Office Address

3006 VIA PALMA

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified  
To Do Business in Florida  
05/02/2012

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

US

Zip

34109

Country

US

**8. Name and Address of Current Registered Agent**

Name

Claude Whited

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

12981 Seaside Key Court

Suite, Apt. #, Etc.

City

North Fort Myers

State

FL

Zip Code

33903

500267160555  
12/05/14--01024--003 \*\*382.50

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

*Claude Whited*  
REGISTERED AGENT MUST SIGN

Date *Nov. 27, 2014*

**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
MGR	Angela N. Tewis	3006 Via Palma	Naples, FL 34109
MGR	David J. Schultz	3006 Via Palma	Naples, FL 34109
MGR	Dana B. Schultz	3006 Via Palma	Naples, FL 34109

**REINSTATEMENT**

*2013-2014*

DEC -5 2014

M. WILLIAMS

11. E-mail Address: ViaPalmaLLC@Gmail.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

Date

*11/27/14*

Daytime Phone #

*239 777 4043*

Typed or printed name of signing Authorized Representative/Manager

*Angie Tewis*