PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		, 22, 102 (12) (2		. 100		10 BEI OILE			
COMPANY					ry of	NT OF STATE State RATIONS		FILED CT -7 PM 12: 33	
	iability Com	T# L13600 pany's Name , LLC	7501le				SEUN (ALLA	Elivicy of STATE HASSEE, FLORIDA	
Principal Office Address - No P.O. Box # 3. Malling Office Address						CR2E041 (1/14)			
73 Cari	73 Carib	73 Caribbean Road				4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt.				, etc.			FL/USA 5. Date Organized or Qualified		
City & State City & State							To Do Business in Florida 12/19/2013		
Naples, FL			Naples, FL				10 10 10 000		Applied For ✓ Not Applicable
zip 34108		Country USA	34108		US	SA	7. CERTIFICATE O		dditional Fee required Certificate of Status
		8. Name and Address	of Current Regis	stered Ag	ent				
Name Arthur H. Ferber III Street Address (P.O. Box Number is Not Acceptable) 73 Caribbean Road Suite, Apt. #, Etc.							100265138941 10/07/1401007009 **238.75		
c _{ity} Naples					State	Zip Code 34108	10/0	17/1401007003	**238.75
	of	he registered agept of the at	ove named limite	16	12		nd accept the oblig	ations of Chapter 605, F.S.	
10. Nam	es and Stree	et Addresses of Authorized R	epresentatives/M	anagers		0			
Titles	Name of Authorized Representatives/ Managers				A	Street Address of Ea uthorized Representa Manager		City / State / Zip	
Owner	Arthur H. Ferber III				73 (Caribbean	Road	Naples/FL/3	34108
		REINST	ATE	ЛE	N'	r		S. HAW	KES
		WILL						0 T 30	8 A.M.

11. E-mail Address: buddvferber@att.net	
(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 Chapte when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of 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 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. 817.18	s of section 605.0012, F.S., and re shall have the same legal effect
Signature of Authorized Representative/Manager Daytime Phone # 239-2 Arthur H. Ferber III)-298-3863

EXAMINER