

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 OCT 20 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 14000174725**  
Limited Liability Company's Name  
**Windward Construction II, LLC**

1. Principal Office Address - No P.O. Box # <b>4818 CORONADO Pkwy</b>		3. Mailing Office Address <b>4818 CORONADO Pkwy</b>	
Suite, Apt. #, etc. <b>Ste 4</b>		Suite, Apt. #, etc. <b>Ste 4</b>	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>	
Zip <b>33904</b>	Country <b>US</b>	Zip <b>33904</b>	Country <b>US</b>

CR2E041 (1/14)

4. State/Country of Formation <b>FL</b>	
5. Date Organized or Qualified To Do Business in Florida <b>11/10/14</b>	
6. FEI Number <b>47-2302133</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name <b>BRIAN HAAG</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>4818 CORONADO Pkwy</b>			
Apt. #, Etc. <b>Ste 4</b>			
City <b>CAPE CORAL</b>	State <b>FL</b>	Zip Code <b>33904</b>	

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10/20/15--01016--020 \*\*238.75

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 Date **9/9/15**  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
<b>AR</b>	<b>Rolling Bear LLC</b>	<b>4818 CORONADO Pkwy Ste 4</b>	<b>CAPE CORAL FL 33904</b>

11. E-mail Address **jcg@grepa.pro**  
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.105, F.S.

Signature of authorized representative/member Date **9/9/15** Daytime Phone # **239 542 4400**  
Typed or printed name of signing authorized representative/member **ROLLING BEAR LLC by BRIAN HAAG**