

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE  
JAN 9 2003  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

L94000000198

FILED

02 DEC -2 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L94000000198

Name and Mailing Address

0011654 01 SP 0,370 \*\*SNGLP

0615 33919

PROCRAFT INDUSTRIES, L.C.  
4226-3 FOWLER ST.  
FORT MYERS FL 33919



2. New Mailing Address

City, State, Zip

Principal Place of Business

4226-3 FOWLER ST.  
FORT MYERS FL 33919

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/28/1994

6. FEI Number

65-0485155

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

ROSS, MATTHEW  
4226-3 FOWLER ST.  
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

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

City

800009297138  
12/02/02--01049--005FL\*\*158900

10. 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

REGISTERED AGENT MUST SIGN

Date

11/26/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	LMR 398 CORP.	4226-3 FOWLER ST.	FORT MYERS FL
MEM	CSL&G DEVELOPMENT, LTD.	% 3591 FOWLER ST.	FORT MYERS FL
MGR	LABODA, GERALD	% 4226-3 FOWLER ST.	FORT MYERS FL 33901
MGR	LABODA, BRUCE	% 4226-3 FOWLER ST.	FORT MYERS FL 33901
MGR	ROSS, MATTHEW	% 4226-3 FOWLER ST.	FORT MYERS FL 33901
REINSTATEMENT 2002			

12. 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.

Signature of  
Managing Member/Manager

Date

11/26/02

Daytime Phone #

941-936-5394

Typed or printed name of signing Managing Member/Manager