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FILED
97 NOV 18 AM 8:23
SECRETARY OF S
TALLAHASSEE, FL

(1)

97 AR

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000005

DaVinci Farms, L.C.
P.O. Box 7584
Fort Myers, FL. 33911

97 AR CM

If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a.

1a. Principal Place of Business Address

same as #2

2 Principal Place of Business
11331 Long Rd.
Suite, Apt. #, etc.
City & State
Ft. Myers, Fl 33905
Zip 33905 | Country USA

2a. Mailing Address
P.O. Box 7584 Ft. Myers, Fl. 33911
Suite, Apt. #, etc.
City & State
Ft. Myers, Fl
Zip 33911 | Country USA

3. Date Organized or Qualified

3a. State of Formation
FL

4. FEI Number
59-3238977

☐ Applied For
☐ Not Applicable

5. Date of Last Report
1996

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

JEAN B. EBY
11331 Long Rd.
Ft. MYERS, FL. 33905

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

9. 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 Jean B. Eby
REQUIRED IF AGENT IS CHANGED
Date 11-4-97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Manager	Jean B. Eby	3530 STUART CT	Ft. Myers, FL. 33901

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****208.75 ****208.75

11. 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 Jean B. Eby
Date 11-4-97
Daytime Phone # (941) 694-1544

Typed or printed name of signing Managing Member/Manager JEAN B. EBY

Da Vinci Farms, L.C.

Nov. 4, 1997

FILED
97 NOV 18 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Dept of State
Division of Corps
Registration Section
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sirs,

Per my phone conversation with Diane Cushing please find my renewal fee in the amount of $203.75.

As I explain to Ms. Cushing we have been experiencing vandalism in our area & many of us have not received mail consistently. As a result, we now receive all mail at our P.O. Box. The previous notice that you mentioned was never received.

I appreciate your understanding in this matter.

Sincerely,

Jean Eby

Enc. Application
Ck #491 - $203.75

11331 LONG ROAD • P.O. BOX 7584 • FT. MYERS, FL 33911 • 941-694-1544 • FAX 941-694-1557