L96000000056

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

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

FILED
98 NOV 10 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000056

Heritage Square Real Estate LLC
701 Cricket Lake Dr.
Naples, FL 34112

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
701 Cricket Lake Drive
Naples, FL 34112

2 Principal Place of Business	2a. Mailing Address
701 Cricket Lake Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34112 Country: USA	Zip Country

3. Date Organized or Qualified	3a. State of Formation
1/16/96	Florida

4. FEI Number: 65-0685302 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

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

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Josef Magdalener 540 Inlet Dr. Marco Island, FL. 34145	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: Jos Magdalener Date: 10-27-98
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mbr	Josef Magdalener & Louisa Magdalener	540 Inlet Drive	Marco Island, FL 34145
MGRM	Otto Schmalz & Amanda Schmalz	840 So. Collier Blvd. Unit # 1401	Marco Island, FL 34145

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STATEMENT 98
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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: Jos Magdalener Date: 10-27-98 Daytime Phone #: 941-775-8800

Typed or printed name of signing Managing Member/Manager: Josef Magdalener

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