

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

98 NOV -2 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L960000000351

The Club Estates, L.C.
4141 Isle of Capri Rd.
Naples, FL 34114

1a. Principal Place of Business Address

as above

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

2. Principal Place of Business

as above

2a. Mailing Address

as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3/26/96

3a. State of Formation

Florida

4. FEI Number

59-3390947

☐ Applied For

☐ Not Applicable

5. Date of Last Report

5/10/97

6. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Cardillo, Keith & Bonagust
3550 East Tamiami Trail
Naples, FL 34112

8. Name and Address of New Registered Agent

Name

n/a

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

200002681462--2

Suite, Apt. #, etc.

-11705798--01085--004

***697.50 ***697.50

City

Zip Code

FL

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

[Signature]

Date

10-28-98

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
man/mgr	Charles V. Benton	4141 Isle of Capri Rd	Naples, FL 34114
mem	Charles L. Benton, Jr.	3915 Calverton Drive	Hyattsville, MD 20782
mem	S.L. Morris	1297 North Lewis St.	Glennville, WV 26351
mem	Mark Stavropoulos	2613 Industrial Row	Troy, MI 48084

REINSTATEMENT

98 ans
due

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

[Signature]

Date

10/28/98

Daytime Phone

(941) 775-3468

Typed or printed name of signing Managing Member/Manager

Charles V. Benton