

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:05

DOCUMENT # L9700000831

1. Limited Liability Company's Name

Meyven, L.C.

100004717541--8
-12/11/01--01004--001
****150.00 ****150.00

2. Principal Office Address

58 N. Collier Blvd.

Suite, Apt. #, etc.

1806

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

P.O. Box 549

Suite, Apt. #, etc.

-

City & State

Marco Island, FL

Zip

34146

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

7/18/1997

6. FEI Number

65-0795056

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert DiBenedetto

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

5147 Castello Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

REGISTERED AGENT MUST SIGN

Date

12/4/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Meyer, Reinhold H.	58 N. Collier Blvd.	Marco Island, FL 34145

Rein 100
UBR 80
180
xc

REINSTATEMENT 2001

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

Date

12/4/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Reinhold H. Meyer