

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-07/23/02--01004--002

***250.00 ***250.00

DOCUMENT # L9800000 1013

1. Limited Liability Company's Name

R.O.P.T., L.L.C.

2. Principal Office Address

12536 WATEROAK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

Zip

33928

Country

U.S.

Zip

Country

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3559993

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

Name

DAVID A. MEYERS

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

12536 WATEROAK

Suite, Apt. #, Etc.

City

ESTERO

State
FL

Zip Code

33928

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]

REGISTERED AGENT MUST SIGN

Date

6-28-02

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
<u>MGRM</u>	<u>AMANDA WITTER</u>	<u>8900 BRIGHTON LANE</u>	<u>BONITA SPRINGS, FL 33425</u>

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

Amanda Witter

Date

6/28/02

Daytime Phone #

941-949-5913

Typed or printed name of signing Managing Member/Manager

AMANDA WITTER

CR2E041 (9/01)