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APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 APR -9 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000001014

1. Limited Liability Company's Name

SWFL HOTELIER MANAGEMENT, LLC

2. Principal Office Address

3780 Via Del Ray

Suite, Apt. #, etc.

Suite A

City & State

Bonita Springs, FL

Zip

34134

Country

USA

3. Mailing Office Address

3780 Via Del Ray

Suite, Apt. #, etc.

Suite A

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. State/Country of Formation

FL, USA

**5. Date Organized or Qualified
To Do Business in Florida**

07/10/1998

6. FEI Number

593559996

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

MEYERS, DAVID A

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

3780 Via Del Ray

Suite, Apt. #, Etc.

Suite A

City

Bonita Springs

State

FL

Zip Code

34134

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

Date

4-11-01

REGISTERED AGENT MUST SIGN

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	MEYERS, DAVID A	3780 Via Del Ray, Suite A	Bonita Springs, FL 34134

300003971943-7-4

JB
4/2/01

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

4-5-01

Daytime Phone #

941-949-2915

Typed or printed name of signing Managing Member/Manager

Member/Registered Agent
DAVID A. MEYERS

CR2E041 (9/00)

2



ACCOUNT NO. : 072100000032

REFERENCE : 108559 4718535

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 205.00

ORDER DATE : April 9, 2001

ORDER TIME : 9:48 AM

ORDER NO. : 108559-005

CUSTOMER NO: 4718535

CUSTOMER: Joshua M. Bialek, Esq
Porter Wright Morris & Arthur
Suite 300
5801 Pelican Bay Boulevard
Naples, FL 34108

DOMESTIC FILINGS

NAME: SWFL HOTELIER MANAGEMENT, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR -9 AM 10:41
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____