

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 PM 2:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L9800000B55**

1. Limited Liability Company's Name

AL-KAT REALTY GROUP L.L.C.

2. Principal Office Address

5567 Taylor RD

Suite, Apt. #, etc.

#8

3. Mailing Office Address

P.O. Box 110189

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

Zip

34109

Country

U.S.A

Zip

34108

Country

U.S.A

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

8-4-1998

6. FEI Number

59-3557832

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

Katherine E. FISCINA **200037013132**

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

5567 TAYLOR ROAD

05/24/04--01016--003 **405 00

Suite, Apt. #, Etc.

#8

City

Naples

State
FL

Zip Code

34109

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 of Katherine E. Fiscina]

REGISTERED AGENT MUST SIGN

Date

5-20-04

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.	KATHERINE E FISCINA	1910 MANCHESTER Circle	Naples, FL 34109

REINSTATEMENT 1999-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 of Katherine E. Fiscina]

Date

5-20-04

Daytime Phone #

239-514-1156

Typed or printed name of signing Managing Member/Manager

KATHERINE E FISCINA

CR2EDM1 (10/02)