

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

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REINSTATEMENT 2000

DOCUMENT # L98000002813

1. Limited Liability Company's Name

Willshire Lakes Development, LLC

2. Principal Office Address

2043 Trade Center Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34109

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3547682

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

John F. Soave

100003465091-0

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

2043 Trade Center Way

-11/16/00--01001--0.2

***150.00 ***150.00

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date 11/2/00

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
MGRM	John F. Soave	194 Mahogany Drive	Naples, FL 34108
MGRM	Stanley J. Lieberfarb	4001 N. Tamiami Trail #330	Naples, FL 34103

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 10/16/00 Daytime Phone # 941-591-1116

Typed or printed name of signing Managing Member/Manager

John F. Soave