

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 MAY -1 PM 3:38

DOCUMENT # **L98-3050**

1. Limited Liability Company's Name

**SMS HEZEKIAH, LLC**  
**5850 10th AVE SW**  
**NAPLES, FL 34116**

**9/29/00**

2. Principal Office Address

**5850 10th AVE SW**  
**NAPLES, FL 34116**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

**5051 Castello Dr. Unit 220**

City & State

City & State

**Naples, FL 34103**

Zip

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**12/07/1998**

6. FEI Number

**59-3574613**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required  
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**DENNIS NAVARRA**

**200004134702--0**

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

**5850 10th AVE SW**

**-05/03/01--01124--027**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**Naples**

State

**FL**

Zip Code

**34116**

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

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	DENNIS NAVARRA	5850 10th AVE SW	NAPLES, FL. 34116
			<b>200004134702--0</b> <b>-05/03/01--01124--028</b> <b>*****50.00 *****50.00</b>
-1			

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

**Dennis Navarra**

Date

**3/21/01**

Daytime Phone #

**941-348-7862**

Typed or printed name of signing Managing Member/Manager

**DENNIS NAVARRA**