

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2000-2002



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 15 AM 11:02

LC
1/18

DOCUMENT # L99000000387

1. Limited Liability Company's Name

E. F. GUARANTOR, L. C.

REINSTATEMENT 2000-2002

2. Principal Office Address

1100 FIFTH AVE SOUTH

Suite, Apt. #, etc.

SUITE 401

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Office Address

1100 FIFTH AVE SOUTH

Suite, Apt. #, etc.

SUITE 401

City & State

NAPLES, FL

Zip

34102

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-11-99

6. FEI Number

59-3621357

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

JACK O. TACKETT

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

1100 FIFTH AVE SOUTH

Suite, Apt. #, Etc.

SUITE 401

City

NAPLES

300004795353-1

-01/24/02--01089--015

***255.00 ***255.00

State
FL

Zip Code

34102

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

J. Tackett

REGISTERED AGENT MUST SIGN

Date 1-15-02

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
MGRM	BRUCE J. GOMEZ	1100 FIFTH AVE SOUTH SUITE 401	NAPLES, FL 34102
MBR	ESTATE OF BARRY J. GOMEZ	C/O US TRUST COMPANY 765 SEAGATE DRIVE	NAPLES, FL 34103
			2000-
		REINSTATEMENT	2002

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

Bruce Gomez

Date

Daytime Phone#

941-263-1712

Typed or printed name of signing Managing Member/Manager

BRUCE J. GOMEZ



EZON, INC.
COMMERCIAL REAL ESTATE

1100 Fifth Avenue S., Suite 401/Naples, FL 34102-6407/(941) 263-1712 FAX (941) 263-7126

VIA UPS NEXT DAY AIR

January 15, 2002

Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: E.F. Guarantor, L.C.
Document #L99000000387

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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To Whom It May Concern:

It came to our attention today that the above entity was administratively dissolved on 9/29/00 as a result of not filing the annual Uniform Business Report.

It is our intent that this entity remain active and in good standing with the State of Florida. Please accept the enclosed Limited Liability Company Reinstatement Form to reinstate the company's active status.

We have enclosed a check for \$255 to cover the following: \$100 reinstatement fee, \$50 fee for the 2000 report, \$50 fee for the 2001 report, \$50 fee for the 2002 report, and \$5 fee for the Certificate of Status.

Please process this form as soon as possible. Thank you for your attention to this matter.

Sincerely,

Gary E. Ittner
Controller

Enclosures