

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 FEB -4 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-
2003



CR2EC84 (8/02)

APPLICATION FOR REINSTATEMENT
JIM SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000000712

Name and Mailing Address

0010300 01 FP 0.352 **PRSR H7 0 0615 33913-802795
WESTERN RESERVE PROPERTIES, L.L.C.
12030 SUMMERGATE CIRCLE, A101
FORT MYERS FL 33913-8027

2. New Mailing Address

12040 Summergate Circle B201

City, State, Zip
FT. MYERS, FL 33913

Principal Place of Business

12030 SUMMERGATE CIRCLE, A101
FORT MYERS FL 33913

3. New Principal Place of Business Address

12040 Summergate Circle

City, State, Zip
Fort Myers, FL 33913

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

02/09/1999

6. FEI Number

65-0894543

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

ZALLER, STANLEY R
12030 SUMMERGATE CIRCLE, A101
FORT MYERS FL 33913

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12040 Summergate Circle B201

City
FT. MYERS FL

FL

Zip Code
33913

10. 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

Stanley R. Zaller

Date 1-15-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ZALLER, STANLEY R	12030 SUMMERGATE CIRCLE, A101	FORT MYERS FL 33913
MGR	KOROC, RONALD E	12030 SUMMERGATE CIRCLE, A101	FORT MYERS FL 33913
MGR	ZALLER, Stanley R	12040 Summergate Circle B201	Fort Myers, FL 33913
200011633002 02/04/03--01009--005 **200.00			

12. 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

Stanley R. Zaller

Date

1-15-03

Daytime Phone #

239-561-1983