

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

00 NOV 17 AM 11:05

DOCUMENT # **L 99000000858**

1. Limited Liability Company's Name

FOUR J'S NAPLES REALTY, L.L.C.

2. Principal Office Address

20 SEAGATE DR.

3. Mailing Office Address

20 SEAGATE DR.

Suite, Apt. #, etc.

1002 BEACH HOUSE

Suite, Apt. #, etc.

1002 BEACH HOUSE

City & State

NAPLES

City & State

FL.

Zip

34103

Country

USA

Zip

34103

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

2/11/99

6. FEI Number

A

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DELORES J. BEISER

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

BEACH HOUSE

Suite, Apt. #, Etc.

20 SEAGATE DRIVE

City

NAPLES, FL 34103

State

FL

Zip Code

34103

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

Delores Jay Beiser
REGISTERED AGENT MUST SIGN

Date **11/15/2000**

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 JEFFREY G. BEISER

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*******55.00 *****55.00**

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager