

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000002065

1. Entity Name  
PLANET KARAOKE PROPERTIES, L.C.



Principal Place of Business  
12810 TAMiami TRAIL N.  
NAPLES, FL 34110

Mailing Address  
12810 TAMiami TRAIL N.  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
59-3590414

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GATES, TODD E  
12810 TAMiami TRAIL N  
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-06

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GATES, TODD  
12810 TAMiami TRAIL N  
NAPLES, FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DALIA, JAMES M  
27221 ELAINE DRIVE  
BONITA SPRINGS, FL 34135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500065074178  
02/02/06--01017--021 \*\*200.00 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-06

Date

239-593-3777

Daytime Phone #

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
06 JAN 27 AM 11:37



REINSTATEMENT