

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JUL -7 AM 9:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000002170

1. Limited Liability Company's Name

FRANK MENKE ORGANIZATION, LLC

2. Principal Office Address

2524 OSPREY AVE. SO.

Suite, Apt. #, etc.

3. Mailing Office Address

2524 OSPREY AVE SO.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

4-13-99

6. FEI Number

65-0911257

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

FRANK MENKE III

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

2524 OSPREY AVE. SO.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

(X) Frank Menke

REGISTERED AGENT MUST SIGN

Date

7/01/03

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
MEM	FRANK MENKE III	2524 OSPREY AVE. SO.	SARASOTA, FL 34239

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

(X) Frank Menke

Date

7/01/03

Daytime Phone #

(941) 364-9285

Typed or printed name of signing Managing Member/Manager

FRANK MENKE III

CR2001 (10/02)