

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

02 JUL -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007856

1. Limited Liability Company's Name

Lummis Ventures, L.L.C.

2. Principal Office Address

26132 Fawnwood Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

26132 Fawnwood Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11/15/99

6. FEI Number

65-0964007

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

Henry M. Lummis IV

700006250567-5

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

26132 Fawnwood Ct.

-07708702--01060--005

*****205.00 *****205.00

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

Henry M. Lummis IV

REGISTERED AGENT MUST SIGN

Date

7/1/02

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
<u>MGAM</u>	<u>Henry M. Lummis IV</u>	<u>26132 Fawnwood Ct.</u>	<u>Bonita Springs, FL 34134</u>

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

Henry M. Lummis IV

Date

7/1/02

Daytime Phone #

239-498-6505

Typed or printed name of signing Managing Member/Manager

Henry M. Lummis IV