

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

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DOCUMENT # **L99-8394**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

**Li-INN SLEEPS BED &
BREAKFAST, L.C.**

REINSTATEMENT 2000-01

2. Principal Office Address

2135 MCGREGOR BLVD

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33901

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida **2 DECEMBER 1999**

6. FEI Number

65-0981172

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

STEVEN P. KUSHNER, P.A.

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

1375 JACKSON STREET

Suite, Apt. #, Etc.

SUITE 202

City

FT. MYERS

State

FL

Zip Code

33901

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

[Signature]

Date **1-16-01**

REGISTERED AGENT MUST SIGN

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
mgr	JAMES J. HAAS	2135 MCGREGOR BLVD	FT. MYERS, FL 33901

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

[Signature]

Date

12/30/00

Daytime Phone #

941 332 2651

Typed or printed name of signing Managing Member/Manager

JAMES J. HAAS