

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

M01000001847

02 DEC 26 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH

400009223404

11/26/02--01051--003 **150.00

0005401 01 FP 0.352 **PRSRT T7 0 0615 34102-662068



BURKE II, L.C.
568 NINTH STREET, SUITE 137
NAPLES FL 34102-6620



12/26-2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

KS

5. Date Organized or Qualified
To Do Business in Florida

08/13/2001

Principal Place of Business

568 NINTH STREET, SUITE 137
NAPLES FL 34102

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

48-1168012

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

BURKE, NORMAN C
568 NINTH STREET, SUITE 137
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Norman C Burke
REGISTERED AGENT MUST SIGN

Date 12-15-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BURKE, NORMAN C	568 NINTH STREET, SUITE 137	NAPLES FL 34102

12. 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

Norman C Burke

Date

11-21-02

Daytime Phone #

913 707 6200

Typed or printed name of signing Managing Member/Manager

NORMAN C BURKE

CR2E084 (8/02)