

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03600003725

1. Limited Liability Company's Name

4690 Daniels Parkway, LLC

2. Principal Office Address - No P.O. Box #

4690 Daniels Parkway  
Suite, Apt. #, etc.

3. Mailing Office Address

4690 Daniels Parkway  
Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

City & State

Fort Myers, FL

Zip

33912

Country

4. State/Country of Formation

IL

5. Date Organized or Qualified  
To Do Business in Florida

11/5/03

6. FEI Number

☒ 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

Raymond L. Schumann, Esq.

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

3451 Bonita Bay Blvd Ste 200

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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]*

REGISTERED AGENT MUST SIGN

Date

4/8/09

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	Jack Mayner	11504 W. 183rd St, Ste 500	Orlando Park, IL 60467

REINSTATEMENT 2004-09

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager