

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006013

1. Limited Liability Company's Name

BONITA SPRINGS HOTEL LLC

2. Principal Office Address - No P.O. Box #
2434 Gum Road

3. Mailing Office Address
2434 Gum Road

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

Chesapeake, VA

City & State

Chesapeake, VA

Zip
23321

Country
USA

Zip
23321

Country
USA

4. State/Country of Formation
Virginia

5. Date Organized or Qualified
To Do Business in Florida **10/30/2006**

6. FEI Number
205744386

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
Chandrakant R. Patel

Street Address (P.O. Box Number is Not Acceptable)
3511 Cleveland Street

Suite, Apt #, Etc.

City
Fort Myers

State
FL

Zip Code
33901

E-mail Address:

600238491146
08/14/12--01024--002 **660.00

BharatPatel@lapgroups.com

(To be used for future annual report notices)

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

Date

8/9/12

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
MGRM	Bharat Patel	2434 Gum Road	Chesapeake, VA 23321

REINSTATEMENT 2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

8/9/12

Daytime Phone #

7574658282

Typed or printed name of signing Managing Member/Manager