

2000 - 2002

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 15 PM 2:38

W
8/15

DOCUMENT # M9900001412

1. Limited Liability Company's Name

F.P. LIMITED, L.L.C.

REINSTATEMENT 2000-2002

2. Principal Office Address

1100 SW ST. LUCIE WEST BLVD

Suite, Apt. #, etc.

208

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

City & State

PORT ST. LUCIE

Zip

34986

Country

Zip

Country

4. State/Country of Formation

GEORGIA

5. Date Organized or Qualified
To Do Business in Florida

9/9/99

6. FEI Number

582200409

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

STEPHEN NAVARETTA

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

1100 SW ST LUCIE WEST BLVD

Suite, Apt. #, Etc.

203

City

PORT ST. LUCIE

State
FL

Zip Code

34986

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

REGISTERED AGENT MUST SIGN

Date

8/14/02

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
MGR	WARD I. SNYDER	1100 SW ST LUCIE WEST BLVD # 208	PORT ST. LUCIE FL

300007140453-4

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

Date

8/14/02

Daytime Phone #

772-340-4096

Typed or printed name of signing Managing Member/Manager

WARD I. SNYDER

CR2E041 (9/01)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 706417 81823A

AUTHORIZATION

COST LIMIT : \$ 250.00

Patricia Pigute

ORDER DATE : August 15, 2002

ORDER TIME : 11:34 AM

ORDER NO. : 706417-005

CUSTOMER NO: 81823A

CUSTOMER: Stephen Navaretta, Esq
Navaretta & Navaretta
Suite 203
1100 Sw St. Lucie West Blvd
Port St. Lucie, FL 34986

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 15 PM 2:38

REINSTATEMENT

NAME: F.P. LIMITED, L.L.C.

RECEIVED
02 AUG 15 PM 12:59
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore-#1147

EXAMINER'S INITIALS