

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

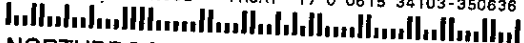
APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
L0000000436

FILED

02 NOV 15 PM 4:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000000436
 Name and Mailing Address

0005490 01 FP 0.352 ***PRST T7 0 0615 34103-350636

 NORTHBROOKE VENTURES, LLC
 3936 TAMIAMI TRAIL NORTH
 STE B
 NAPLES FL 34103-3506



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
3936 TAMIAMI TRAIL NORTH STE B NAPLES FL 34104		01/11/2000	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		59-3618250	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
SCHUMACHER, KAY 3936 TAMIAMI TRAIL NORTH STE B NAPLES FL 34103		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 *Kay Schumacher* REGISTERED AGENT MUST SIGN Date 10/21/02

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
MGRM	SCHUMACHER, KAY	3936 TAMIAMI TRAIL NORTH	NAPLES FL 34104

REINSTATEMENT 02
ace

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 *Kay Schumacher* Date 10/21 Daytime Phone # 239 434-9687
 Typed or printed name of signing Managing Member/Manager _____

CR2E084 (8/02)



ACCOUNT NO. : 072100000032

REFERENCE : 820191 10250A

AUTHORIZATION : *Patricia Pruitt*

COST LIMIT : \$ 150.00

ORDER DATE : November 14, 2002

ORDER TIME : 1:04 PM

ORDER NO. : 820191-005

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt
Vogel Law Office
3936 Tamiami Trail North
Midwest Title Building, Suite
Naples, FL 34103-3592

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

DOMESTIC FILINGS

NAME: NORTHBROOKE VENTURES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____