

L01000002395

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LIMITED LIABILITY REINSTATEMENT  
2210 ARIELLE DR., LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	421.25

RECEIVED

10 APR 29 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 29 AM 8:56

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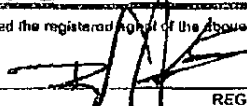

T. HAMPTON

APR 30 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 29 AM 8:56

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 010 00002395			
1. Limited Liability Company's Name 2210 ARIELLE DR., LLC			
2. Principal Office Address - No P.O. Box # 1100 5th AVE. So. Suite, Apt. #, etc. 101 City & State NAPLES FL Zip 34102		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business In Florida 2-12-01	
6. FEI Number 65-1075611		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$500 Annual Fee required for a Certificate of Status</small>			
8. Name and Address of Current Registered Agent			
Name DOUGLAS A. WOOD			
Street Address (P.O. Box Number is Not Acceptable) 1100 5th AVE So			
Suite, Apt. #, Etc. 101			
City NAPLES		State FL	Zip Code 34102
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 4-29-10 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
MGR	CLARK MINKER	1100 5th AVE. So. #101	NAPLES FL 34102
11. E-mail Address: CMINKER@MINKERPROPERTIES.COM <small>(To be used for future annual report notifications)</small>			
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 608.408, 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 4-29-10	Daytime Phone # 239-777-5500
Typed or printed name of signing Managing Member/Manager: CLARK MINKER			

REINSTATEMENT 2008-2010