

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 27 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016125

1. Limited Liability Company's Name

1100 Building, LLC

CR2E041 (1/07)

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

1100 5th Avenue South

Suite, Apt. #, etc.

100

City & State

NAPLES, F

Zip

34102

Country

USA

3. Mailing Office Address

1100 5th Avenue South

Suite, Apt. #, etc.

100

City & State

NAPLES, FL

Zip

34102

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

9-20-2001

6. FEI Number

65-1141440

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

SCOTT R DUNNUCK

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

1585 BONITA LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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]

Date

3/21/07

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
<u>Mgm</u>	<u>SCOTT R DUNNUCK</u>	<u>1585 BONITA LANE</u>	<u>NAPLES FL 34102</u>
<u>M</u>	<u>Melanie Dunnuck</u>	<u>1585 Bonita Lane</u>	<u>NAPLES F 34102</u>

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REINSTATEMENT 04-07

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

3/21/07

Daytime Phone #

239-659-4962

Typed or printed name of signing Managing Member/Manager

SCOTT R DUNNUCK