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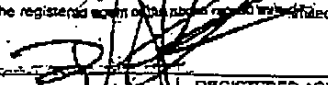
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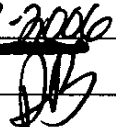
LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000032429					
1. Limited Liability Company's Name NAPLES 8610 BROADWAY, LLC					
2. Principal Office Address 5780 Taylor Road		3. Mailing Office Address 5780 Taylor Road		4. State/Country of Formation Florida	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1		5. Date Organized or Qualified To Do Business in Florida 12/04/2002	
City & State Naples, FL		City & State Naples, FL		6. FEI Number 300132692	
Zip 34109	Country USA	Zip 34109	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent		
Name Douglas A. Wood		
Street Address (P.O. Box Number is Not Acceptable) 1000 Tamiami Trail North		
Suite, Apt. #, Etc. 201		
City Naples, FL	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 9/8/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Clark T. Minker	5780 Taylor Road, Suite 1	Naples, FL 34109
REINSTATEMENT 2004-2006 			

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 9/8/06 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager Clark T. Minker

Florida Department of State

Division of Corporations

Public Access System

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 Account Number : I200000000195
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LIMITED LIABILITY REINSTATEMENT

NAPLES 8610 BROADWAY, LLC

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