

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

CR2E041 (8/05)

DOCUMENT # L04000024321

1. Limited Liability Company's Name
William H. Earls, LLC

05

2. Principal Office Address
2500 Lantern Lane

3. Mailing Office Address
2500 Lantern Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34102

Country
USA

Zip
34102

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business In Florida 03/31/2004

6. FEI Number
59-3687521

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
Denti, Kevin A.

Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South

Suite, Apt. #, Etc.
Suite 201

City
Naples

State Zip Code
FL 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 *[Signature]*

Date 12/21 /06

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
MGRM	J. Paul Keith, III, LLC	2500 Lantern Lane	Naples, Florida 34102
			200082930068 12/28/06--01043--016 **205.00
			REINSTATEMENT 2005-2006

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 *[Signature]*

Date 12/21/06

Daytime Phone# 239-261-9300

Typed or printed name of signing Managing Member/Manager J. Paul Keith, III, Manager