PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 23 PM 11:02

DOCUMENT # L99000002432

1. Limited Liability Company's Name

CDN Properties, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
711 Fifth Avenue S.	711 Fifth Avenue S.
Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State Naples, Florida	City & State Naples, Florida
Zip 34102 / Country Collier	Zip 34102 / Country Collier

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: April 29, 1999

6. FEI Number: 59-3634349 ✓ — 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: Paul K. Heuerman

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-11/09/00--01020--013
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable): 850 Park Shore Drive

Suite, Apt. #, Etc.: Trianon Centre, Third Floor

City: Naples — State: FL — Zip Code: 34103

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: Paul K H — Date: 10-20-00

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	Carl M. Nagel	325 Little Harbor Ln.	Naples, Florida 34102
MGR	Dana L. Nagel	325 Little Harbor Ln.	Naples, Florida 34102

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 ✓ 10.20.00 — Daytime Phone # (941) 659-6070

Typed or printed name of signing Managing Member/Manager: Carl M. Nagel