



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 29 AM 10: 23

DOCUMENT # M00000000550 1. Entity Name MAPLE COMPANY, L.L.C.	
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Principal Place of Business 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901	Mailing Address 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901
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2. Principal Place of Business	3. Mailing Address	09272005 REIN-LLC CR2E101 (6/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 43-1860126
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip
		Country



6. Name and Address of Current Registered Agent HUBBARD, STEVEN W 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	10/13/05--01055--002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAGG, ROBERT W	NAME	\$155.00
STREET ADDRESS	2400 FIRST STREET, STE. 200	STREET ADDRESS	500060581145
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSON, CHRISTOPHER P	NAME	
STREET ADDRESS	2400 FIRST STREET, STE. 200	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT 2005
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christopher Janson 239 344-0490 #108

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #