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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0000000550

1. Limited Liability Company's Name
MAPLE COMPANY, L.L.C.

2. Principal Office Address 2400 FIRST STREET		3. Mailing Office Address 2400 FIRST STREET	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33901	Country U.S.A.	Zip 33901	Country U.S.A.

REINSTATEMENT 2002-2003

4. State/Country of Formation MISSOURI	
5. Date Organized or Qualified To Do Business in Florida 03/21/2000	
6. FEI NUMBER 43-1860126	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
STEVEN W. HUBBARD

Street Address (P.O. Box Number is Not Acceptable)
2320 FIRST STREET

Suite, Apt. #, Etc.
SUITE 1000

City
FORT MYERS

State
FL

Zip Code
33901

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *Steven Hubbard* Date **2/26/03**

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	CHRISTOPHER P. JANSON	2400 FIRST ST., SUITE 200	FORT MYERS, FL 33901
MGRM	ROBERT W. FLAGG	2400 FIRST ST., SUITE 200	FORT MYERS, FL 33901

Christopher P. Janson

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 *Christopher P. Janson* Date **2/26/03** Daytime Phone# **(239) 344-0490**

Typed or printed name of signing Managing Member/Manager **CHRISTOPHER P. JANSON**

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Date: 2/26/03 Time: 1:46 PM To: @ 18502050383

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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

MAPLE COMPANY, L.L.C.

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