

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2002 LLC APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000021705
Name and Mailing Address

02 NOV -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005507 01 FP 0.352 **PRSR T7 0 0615 34104-334375
4175 MERCANTILE PROPERTIES, LLC
4175 MERCANTILE AVE.
NAPLES FL 34104-3343



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4175 MERCANTILE AVE. NAPLES FL 34104		5. Date Organized or Qualified To Do Business in Florida 12/12/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent STEWART, JAMES C ESQ 11925 COLLIER BLVD. SUITE 101 GOLDEN GATE FL 34116-6543		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent Name: James C. Stewart, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable): Suite 700 9180 Galleria Court City: Naples FL Zip Code: 34109	
---	--

10. 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: 10/29/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	James C. Stewart, Jr.	Suite 700, 9180 Galleria Ct.	Naples, FL 34109

12. 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: 10/29/02 Daytime Phone #: (239) 594-1800

Typed or printed name of signing Managing Member/Manager: James C. Stewart, Jr. - Manager

JAMES C. STEWART, JR.
ALSO ADMITTED IN GEORGIA
JCSJR@STEWARTANDSTORTER.COM

SUSAN J. STORTER
PRACTICE LIMITED TO ADOPTION
SJS@STEWARTANDSTORTER.COM

DANEILLE D. STEWART, CLU, CFLA
CERTIFIED LEGAL ASSISTANT
DDS@STEWARTANDSTORTER.COM

SUE JIM ZIMMERMAN
LEGAL ASSISTANT
SJZ@STEWARTANDSTORTER.COM

2ef2
L01000021705
STEWART & STORTER
ATTORNEYS AT LAW

(239) 594-1800
FAX (239) 592-6983
PLEASE VISIT OUR WEBSITE AT
WWW.STEWARTANDSTORTER.COM

SUITE 700
9180 GALLERIA COURT
NAPLES, FLORIDA 34109

October 29, 2002

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: 4175 Mercantile Properties, LLC

Dear Sir or Miss:

In accordance with our telephone conference with your office today, enclosed please find the Application for Reinstatement for the above-referenced entity, together with our client's check payable to your office in the sum of \$50.00. This LLC was formed at the end of 2001, and they have no record of receiving prior notice of the requirement to file the UBR, until receiving the Application for Reinstatement.

Should you have any question, please do not hesitate to contact this office.

Very truly yours,
Stewart & Storter Attorneys at Law

By: *Sue Zimmerman*
Sue Zimmerman, Paralegal to
JAMES C. STEWART, JR.

/sjz
enclosures

cc: 4175 Mercantile Properties, LLC

FILED
NOV - 1 AM 9:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE