2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L04000018166** 1. Entity Name 100 GILCHRIST, LLC 2008 DEC 23 PM 12: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 2066 1100 6TH AVENUE SOUTH NAPLES, FL 34102 NAPLES, FL 34106 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11062008 REIN-LLC CR2E101 (1/07) 4. FEI Number Applied For City & State City & State Not Applicable 20-1019347 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950 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 Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$138.75 liability company did not receive the prior notice. Florida Department of State After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM 1m e ☐ Addition Change TITLE ☐ Delete NAME SIEWER, JURGEN NAME P.O. BOX 2066 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34106 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 600139132686 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🤲 Delete TITLE 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE