

M99000001634

50 222 7615

APPROVED
P. 02/02
AND
FILED

03 JUN -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M99000001634 1. Limited Liability Company's Name NRI-CKT FORT MYERS, L.L.C.			
2. Primary Office Address 376 N. FRONT STREET Suite, Apt. #, etc. 200 City & State COLUMBUS, OHIO Zip 43215		3. Mailing Office Address 375 N FRONT STREET Suite, Apt. #, etc. 200 City & State COLUMBUS OHIO Zip 43215	
4. State/Country of Formation Delaware		5. Date Registered or Dissolved To Be REINSTATED in Florida 10-15-1999	
6. FFI Number 593802802		7. ☒ CERTIFICATE OF STATUS REQUIRED	

REINSTATEMENT

2002-2003

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box number is not acceptable) 1200 PINE ISLAND ROAD City, State, & Zip PLANTATION FL 33324	
---	--

9. I, being appointed the Registered Agent of the above named Limited Liability Company, hereby certify that I am a resident of the State of Florida and accept the provisions of Chapter 605, F.S. Signature of Registered Agent <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date <u>6/3/03</u>			
10. Name and Street Address of Managing Member/Manager			
TYPE	Name of Managing Member/Manager	Street Address of Managing Member/Manager	City/State/Zip
MGRM	Nationwide Realty Investors	1 Nationwide Plaza 1-94-10	Columbus, Ohio 43215
11. I certify that I am completing this form as a result of the expiration of the period of time provided for in Chapter 605, F.S. I agree to certify that when (any LLC) shareholders conduct the annual meeting, the limited liability company complies the requirements of section 605.406, F.S., and that the fees used by the limited liability company have been paid. The information provided 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 <u>Brian Pellis</u>		Date <u>05/29/03</u> System Phone # <u>614.851.7330</u>	
Type of Service Being Provided by Managing Member/Manager <u>Brian Pellis, President & COO of Nationwide Realty Investors, Ltd., managing member of NRI-CKT Fort Myers, L.L.C.</u>			

COULD I HAVE

202

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000206308 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

RECEIVED
03 JUN -3 AM 10:58
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

NRI-CKT FORT MYERS, I, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$205.00