

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000021705

**APPLICATION
FOR
REINSTATEMENT**



Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 3:16

1. **DOCUMENT #** L01000021705
Name and Mailing Address

0014405 01 AT 0.292 **AUTO T2 0 0615 34104-334375
4175 MERCANTILE PROPERTIES, LLC
4175 MERCANTILE AVE.
NAPLES FL 34104-3343



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/12/2001	
Principal Place of Business 4175 MERCANTILE AVE. NAPLES FL 34104	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For ☒ Not Applicable ☐
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STEWART, JAMES C ESQ 9180 GALLERIA COURT, SUITE 700 NAPLES FL 34109	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024043036 10/23/03--01024--002 **150.00 City FL Zip Code
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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 [Signature] Date **10/20/03**
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	STEWART, JAMES C JR.	9180 GALLERIA COURT, SUITE 700	NAPLES FL 34109

REINSTATEMENT 2003
np 10/23

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 [Signature] Date **10/20/03** Daytime Phone # **(239) 594-1800**