

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF BANKING AND FINANCE  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000513

Name and Mailing Address

0014545 01 AT 0.292 \*\*AUTO T3 1 0615 34109-721161  
REAL ESTATE OFFICE TECHNOLOGY, L.L.C.  
6761 MILL RUN CIRCLE  
NAPLES FL 34109-7211



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/13/2000	
Principal Place of Business 6761 MILL RUN CIRCLE NAPLES FL 34109	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1003843	Applied For Not Applicable
8. Name and Address of Current Registered Agent LOTES, KEVIN R ESQ. 5801 PELICAN BAY BLVD NAPLES FL 34108		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <u>Kevin R. Lottes</u> Street Address (P.O. Box Number is Not Acceptable) <u>1395 Panther Lane - Suite 300</u> City <u>Naples</u> FL <u>34109</u>			
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 <u>[Signature]</u> <b>REGISTERED AGENT MUST SIGN</b> Date <u>10/29/03</u>			
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	MARGULIES, JAY S MR	6761 MILL RUN CIRCLE	NALES 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 <u>[Signature]</u> <b>SIGNATURE REQUIRED</b> Date <u>10/29/03</u> Daytime Phone # <u>239 593 0816</u>			
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT

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