

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004930

1. Limited Liability Company's Name

COLLIER CENTER LLC

2. Principal Office Address - No P.O. Box #

1300 POST ROAD EAST

Suite, Apt. #, etc.

City & State

WESTPORT CT

Zip

06880

Country

USA

3. Mailing Office Address

1300 POST ROAD EAST

Suite, Apt. #, etc.

City & State

WESTPORT CT

Zip

06880

Country

USA

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

4/21/2000

6. FEI Number
59-3658525

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

Name

ALBERT J KLEBAN

Street Address (P.O. Box Number is Not Acceptable)

4351 GULF SHORE BLVD NORTH

Suite, Apt. #, Etc.

7N

City

NAPLES

State

FL

Zip Code

34103

☒ **A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.**

9. 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]

REGISTERED AGENT MUST SIGN

Date

2/25/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR. <i>[Signature]</i>	ALBERT J KLEBAN	4351 GULF SHORE BLVD	NAPLES FL 34103
MR. <i>[Signature]</i>	PHIL AVALLON	1300 POST ROAD EAST	WESTPORT CT 06880
MR. <i>[Signature]</i>	JOHN A MACARI	1300 POST ROAD EAST	WESTPORT CT 06880

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EXAMINER

11. 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 **2/25/09**

Daytime Phone # **203-259-8684**

Typed or printed name of signing Managing Member/Manager

ALBERT J. KLEBAN