

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAR -3 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L00000004930

1. Limited Liability Company's Name

COLLIER CENTER LLC

**REINSTATEMENT**  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
1300 POST ROAD EAST

3. Mailing Office Address  
1300 POST ROAD EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WESTPORT CT

City & State  
WESTPORT CT

Zip Country  
06880 USA

Zip Country  
06880 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 Zip Code  
FL 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

Date 2/25/09

REGISTERED AGENT MUST SIGN

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>JK</i> | ALBERT J KLEBAN                   | 4351 GULF SHORE BLVD                           | NAPLES FL 34103                |
| MR. <i>HA</i> | PHIL AVALLON                      | 1300 POST ROAD EAST                            | WESTPORT CT 06880              |
| MR. <i>JM</i> | JOHN A MACARI                     | 1300 POST ROAD EAST                            | WESTPORT CT 06880              |
|               |                                   | MAR - 4 2009                                   | 780144783287                   |
|               |                                   | EXAMINER                                       | 03/03/09--01003--002 **\$55.00 |

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

Date 2/25/09

Daytime Phone # 203-259-8684

Typed or printed name of signing Managing Member/Manager

ALBERT J. KLEBAN