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SECRETARY OF STATE TALLAHASSEE FLORIDA

4. State/Country of Formation

DOCUMENT # L00000004952

Name and Mailing Address

2. New Mailing Address

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/

0005638 01 FP 0.352 **PRSRT T7 0 0615 34134-078052 Influential Inf

FL Date Organized or Qualified To Do Business in Florida 04/24/2000 Principal Place of Business 3. New Principal Place of Business Address 6. FEI Number Applied For 26960 WYNDHURST COURT 59-3644519 Not Applicable UNIT #202 City, State, Zip CERTIFICATE OF STATUS DESIRED **BONITA SPRINGS FL 34134** \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KELLY & PASSIDOMO, LLP 2640 GOLDEN GATE PKWY **SUITE 305** NAPLES FL 34105 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 RECESTERED AGENT MUST SIGN Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Title(s) Members/Managers Managing Member/Manager City / State / Zip MGRM COPPETO, JOHN L MR 26960 WYNDHURST COURT BONITASPRINGS FL 34134 MGRM COPPETO, ERNEST J MR. 26960 WYNDHURST COURT BONITASPRINGS FL 34134 800008963268 |/13/02--0034--015 **155,00 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 filling this reinstatement application he 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 pompany have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect

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