0014317 01 AT 0.292 **AUTO T2 0 0615 34102-641908 Initial Init



us REINSTATEMENT 200 3

New Mailing Address				4. State/Country of Formation FL 5. Date Gryanized or Gualified To Do Business in Florida 05/31/2000		
NAPLES FL 34102 US	City, State, Zi	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Cu	ırrent Registered Age	ent		9. Name and Ac	dress of New Registered A	gent
CHAMBERS, JIM			Name			
1100 5TH AVENUE SOUTH SUITE 408 NAPLES FL 34102		Street Address (P.O. Box Number is Not Acceptable)				
	1./)		City		FL	Zip Code
ignature of egistered Agent 1. Names and Street Addresses of Each Mar	REGISTERED AGI		ED		Date	
Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City / State / Zip	
MGR CHAMBERS, JAMES		1100 5TH AVENUE SOUTH SUITE 408		TE 408	NAPLES FL 34102	
MGR VANOORT, DOUG	,	1100 5TH AV	ENUE SOUTH SUI	TE 408	NAPLES FL 34102	:
				5 96) 02541923 301019033 *	35
	· ‡	2003		12/11/0	301019033 *	*150.00
REINSTATEM	ENT					
					, , , , , , , , , , , , , , , , , , ,	•
2. I certify that I am managing member/mana filing this reinstatement a ation are all fees owed by the limited ii bil'y com/an	age or the receiver or to constitution has to y avis sen paid. The	trustee empowered to been eliminated, the to information indicated	to execute this a imited liability cor on this application	oplication as provided npany name satisfies in is true and accurate	I for in chapter 608, F.S. I funt the requirements of section 60 a, and my signature shall have	ther certify that when 08.406, F.S., and that the same legal effect

wariaging wember/wariage

Signature of

Date 12/5/2

Daytime Phone # <u>973-335-043</u>