

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L00000007427

FILED

02 NOV -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008780768
11/04/02--01058--019 **150.00

1. DOCUMENT # L00000007427

Name and Mailing Address

0005489 01 FP 0.352 **PRST T7 0 0615 34103-442099



CORBIES INVESTMENTS, L.L.C.
2950 TAMIAMI TRAIL NORTH
NAPLES FL 34103-4420



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2950 TAMIAMI TRAIL NORTH NAPLES FL 34103		5. Date Organized or Qualified To Do Business in Florida 06/23/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1021586	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CF2E084 (8/02)

8. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Jacqueline Corbett Date Oct 29/02

REGISTERED AGENT MUST SIGN

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	CORBETT, JACQUELINE	2950 TAMIAMI TRAIL NORTH	NAPLES FL 34103
MGRM	CORBETT, WILLIAM A	2950 TAMIAMI TRAIL NORTH	NAPLES FL 3418

REINSTATEMENT 02
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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 Jacqueline Corbett Date Oct 29/02 Daytime Phone # 239 649 7066

Typed or printed name of signing Managing Member/Manager Jacqueline Corbett