PLE[redacted]READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010320

1. Limited Liability Company's Name

PINELAND MARINA, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
2400 First Street	2400 First Street
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 08/28/2000

6. FEI Number: 65-1034815 ☐ 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: Christopher P. Janson

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-11/16/01--01074--022
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 2400 First Street

Suite, Apt. #, Etc.: Suite 200

800004686038--5
-11/16/01--01074--024
******4.00 ******4.00

City: Fort Myers State: FL Zip Code: 33901

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: 10/29/01

CR2E041 (9/00)

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
MGRM	Christopher P. Janson	2400 First Street Suite 200	Fort Myers, FL 33901
			800004686038--5 -11/16/01--01074--023 ******6.00 ******6.00

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: [signature] Date: 10/29/01 Daytime Phone #: 941-344-0490

Typed or printed name of signing Managing Member/Manager: Christopher P. Janson