L00000010320

APPROVED AND FILED

pg. 1 of 2

ate: 2/26/0 Time 1:4 M T @ 5020 3 R&A Fort Myers Fax Page: 002-002

SENT BY: 2393440183; FEB-26-03 2:29PM; PAGE 1/1

H03000064210 5

03 FEB 26 PM 2:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002-2003

DOCUMENT # L00000010320

1. Limited Liability Company's Name
PINELAND MARINA, L.L.C.

2. Principal Office Address
2400 FIRST STREET
Suite, Apt. #, etc.
SUITE 200
City & State
FORT MYERS, FL
Zip 33901 Country U.S.A.

3. Mailing Office Address
2400 FIRST STREET
Suite, Apt. #, etc.
SUITE 200
City & State
FORT MYERS, FL
Zip 33901 Country U.S.A.

4. State/Country of Formation
FLORIDA

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
Street Address (P.O. Box Number is Not Acceptable) 2400 FIRST STREET
Suite, Apt. #, Etc. SUITE 200
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 2/26/03

CR2E041 (10/02)

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
MGR	CHRISTOPHER P. JANSON	2400 FIRST ST., SUITE 200	FORT MYERS, FL 33901

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 2/26/03 Daytime Phone # (239) 344-0490

Typed or printed name of signing Managing Member/Manager CHRISTOPHER P. JANSON

H03000064210 5

PD. 2092

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000064210 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (941)649-6200
Fax Number : (941)261-3659

RECEIVED
03 FEB 26 PM 2:44
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PINELAND MARINA, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

Electronic Filing Menu Corporate Filing Public Access Help