PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -3 AM 10: 17

DOCUMENT # L00000010553

1. Limited Liability Company's Name

CDR of Southwest Florida, LLC

100004717551--7
-12/11/01--01004--003
****150.00   ****150.00

2. Principal Office Address	**3.** Mailing Office Address	
1777 Tamiami Trail	Same	**4.** State/Country of Formation Florida
Suite, Apt. #, etc. Suite 411	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 8/31/00
City & State Port Charlotte, Florida	City & State	**6.** FEI Number 65-1103009

6. FEI Number 65-1103009   Applied For / Not Applicable

Zip 33948	Country USA	Zip	Country

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

---

8. Name and Address of Current Registered Agent

Name
Michael R. McKinley

Street Address (P.O. Box Number is Not Acceptable)
18401 Murdock Circle

Suite, Apt. #, Etc.

City Port Charlotte	State FL	Zip Code 33948

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 _____   Date 11/29/01
REGISTERED AGENT MUST SIGN

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
MGR	Dean R. DeGross	989 Tamiami Trail	Pt. Charlotte, FL 33953
ASST MGR	Carol J. Dunn	1777 Tamiami Trail, Suite 411	Pt. Charlotte, FL 33948
			Rein $100
			UBR 50
			150

REINSTATEMENT 2001

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 _____   Date 11/29/01   Daytime Phone # 941-627-1000

Typed or printed name of signing Managing Member/Manager _____