

L00000010588

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

From:
Account Name : J. STEPHEN CRAWFORD, CHARTERED
Account Number : I19980000089
Phone : (941)949-1818
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 26


AL

LIMITED LIABILITY REINSTATEMENT
COLONIAL PARTNERS, L.L.C.

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		(((H01000109642 8)))	
DOCUMENT # L00000010588							
1. Limited Liability Company's Name COLONIAL PARTNERS, L.L.C.							
2. Principal Office Address 4975 Bonita Beach Rd.#207 Suite, Apt. #, etc.				3. Mailing Office Address 4975 Bonita Beach Rd.#207 Suite, Apt. #, etc.			
City & State Bonita Springs, FL Zip 34134 Country USA				City & State Bonita Springs, FL Zip 34134 Country USA			
4. State/Country of Formation Florida							
5. Date Organized or Qualified To Do Business in Florida 09/01/2000							
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable							
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>							

01 OCT 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name: J. Stephen Crawford,

Street Address (P.O. Box Number is Not Acceptable): 28000 Spanish Wells Boulevard

Suite, Apt. #, Etc.

City: Bonita Springs, State: FL Zip Code: 34135

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: *J. Crawford* Date: 10-16-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert R. Corrion	4975 Bonita Beach Rd. #207	Bonita Springs FL 34134

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: *Robert R. Corrion* Date: 10-19-01 Daytime Phone: (941) 939-7771

Typed or printed name of signing Managing Member/Manager: Robert R. Corrion

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CR2504 (9/00)