

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015034

1. Limited Liability Company's Name

PARK PLACE INVESTMENTS - LLC

2. Principal Office Address

561- RIDGE DR

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34108

Country

USA

3. Mailing Office Address

561- RIDGE DR

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34108

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12.6.2000

6. FEI Number

593687909

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

DEREK S. CHORLTON

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

561- RIDGE DR

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34108

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

Derek S. Chorlton

REGISTERED AGENT MUST SIGN

Date

10.6.05

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	DEREK S. CHORLTON	561- RIDGE DR	NAPLES FL 34108
ST	MAUREEN V. CHORLTON	1085- EGRETS WALK CREEK # 201	NAPLES FL 34108

REINSTATEMENT 04-05

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

Derek S. Chorlton

Date

10.6.05

Daytime Phone #

239.777.9839

Typed or printed name of signing Managing Member/Manager

DEREK S. CHORLTON