

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # L00000015871

1. Limited Liability Company's Name  
SHORELINE PROPERTIES LLC

2. Principal Office Address <u>2377 LINWOOD AVE</u>		3. Mailing Office Address <u>2377 LINWOOD AVE</u>	
Suite, Apt. #, etc. <u># 211</u>		Suite, Apt. #, etc. <u># 211</u>	
City & State <u>NAPLES FL</u>		City & State <u>NAPLES FL</u>	
Zip <u>34112</u>	Country <u>USA</u>	Zip <u>34112</u>	Country <u>USA</u>

CR2E041 (8/05)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
12.21.2000

6. FEI Number  
651070174

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 DRIVE

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 Date 10.6.05

REGISTERED AGENT MUST SIGN

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
<u>OMGR</u>	<u>DEREK S. CHORLTON</u>	<u>561- RIDGE DR</u>	<u>NAPLES FL 34108</u>
<u>TS</u>	<u>MAUREEN V. CHORLTON</u>	<u>1085 - GREAT WALK CIRCLE # 201</u>	<u>NAPLES FL 34108</u>

**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