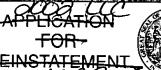
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State **DIVISION OF CORPORATIONS**

L01000001139

Name and Mailing Address

SEGRETARY OF STATE DIVISION OF CORPORATIONS

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0005459 01 FP 0.352 **PRSRT T7 0 0615 34103-367732 lattataladikaadiadialahalishalisidadil COTTAGE CLASSICS LLC 3450 N GULF SHORE BLVD., SUITE 507 NAPLES FL 34103-3677

| 2. New Mailing Address City, State, Zip | | | | FL Date Organized or Qualified To Do Business in Florida 01/22/2001 | | | |
|--|-----------------------------------|----------------------------------|---|---|--------|--------------------------------|------|
| | | | | | | | |
| , | 9. Name and Address of O. | Designation of the second second | | for a Certificate of Status | | | |
| MCDERMOTT, MARGIE 3450 N GULF SHORE BLVD., SUITE 507 NAPLES FL 34103 | | | 9. Name and Address of New Registered Agent Name Marail Fay Street Address (P.O. Box Number is Not Acceptable) Same BUDDBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | | | | |
| Signature of Registered A | gent // Well F | GISTERED AGENT MUST SIGN | am familiar with and | accept the obli | | F.S.) ~ 3 0 ~ O | 2 |
| Title(s) | Name of Managing Members/Managers | Stre | et Address of Each ing Member/Manag | | | | |
| MGRM | Leland Fay | | | | Naples | FL3 | 4103 |
| - | | | | | | | |

12. 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 filling 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.