

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400024179354

10/27/03--01122--006 \*\*150.00

1. DOCUMENT # L01000002280

Name and Mailing Address

0014485 01 AT 0.292 \*\*AUTO T2 0 0615 34108-342323



VERO OCEAN PARTNERS, L.L.C.  
123 EAST AVENUE  
NAPLES FL 34108-3423



2. New Mailing Address <b>9180 Galleria Court Suite 600</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Naples, FL 34109</b>		5. Date Organized or Qualified To Do Business in Florida <b>02/12/2001</b>	
Principal Place of Business <b>1400 GULF SHORE BLVD SUITE 200 NAPLES FL 34102</b>	3. New Principal Place of Business Address <b>9180 Galleria Court Ste 600</b>		6. FEI Number <b>65-1111473</b>
City, State, Zip <b>Naples, FL 34109</b>		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>AYRES, JOHN E JR 123 EAST AVENUE NAPLES FL 34108</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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10. 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 **SIGNATURE REQUIRED** Date **10/20/03**  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MGR</b>	<b>AYRES, JOHN E JR</b>	<b>123 EAST AVENUE</b>	<b>NAPLES FL 34108</b>

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 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 **SIGNATURE REQUIRED** Date **10/20/03** Daytime Phone # **239-449-1800**  
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

REINSTATEMENT 03  
dec