L01000002395

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 27 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002395

1. Limited Liability Company's Name
5780 TAYLOR RD. CENTER, LLC

10/4/02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1037 Fifth Ave., North | 1037 Fifth Ave., North |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Naples, FL | City & State: Naples, FL |
| Zip: 34102 Country: U.S. | Zip: 34102 Country: U.S. |

4. State/Country of Formation: Florida/U.S.
5. Date Organized or Qualified To Do Business in Florida: 2/12/2001
6. FEI Number: [ ] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED: [ ]

8. Name and Address of Current Registered Agent

Name: DOUGLAS A. WOOD, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 1000 Tamiami Trail North
Suite, Apt. #, Etc.: Suite 201
City: Naples State: FL Zip Code: 34102

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/27/03

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 | Clark Minker | 710 Yorklyn Road | Hockessin, DE 19707 |
| MGR | Ian Wilkinson | 1037 Fifth Ave., North | Naples, FL 34102 |
| MGR | Thad Gulliford | 1037 Fifth Ave., North | Naples, FL 34102 |
| | | | 400014857434 |
| | REINSTATEMENT 2002-2003 | | |
| | | | |

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: [signature] Clark Minker Date: 3/27/03 Daytime Phone #: 239-263-8282 x206

Typed or printed name of signing Managing Member/Manager

TOTAL P.01

CORPORATION SERVICE COMPANY™

L01000002395

ACCOUNT NO. : 072100000032

REFERENCE : 987767 80398A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 205.00

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ORDER DATE : March 27, 2003

ORDER TIME : 3:57 PM

ORDER NO. : 987767-005

CUSTOMER NO: 80398A

CUSTOMER: Sue Smith, Legal Assistant
Siesky, Pilon & Wood
Suite 201,the Fairway Bldg
1000 Tamiami Trail North
Naples, FL 34102

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TALLAHASSEE, FLORIDA

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DOMESTIC FILINGS

NAME: 5780 TAYLOR RD. CENTER, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
03 MAR 27 PM 4:26
RECEIVED