

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  
**LO1000006303**

FILED  
02 NOV -6 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO1000006303**

1. Limited Liability Company's Name  
**CB DEVELOPERS OF NAPLES, LLC**

2. Principal Office Address  
**3380 Rum Row Road**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**3380 Rum Row Road**  
Suite, Apt. #, etc.

City & State  
**Naples, Florida**

Zip  
**34102**

Country  
**USA**

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
**59-3714983**

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  
**Charles A. Brown, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**3380 Rum Row Road**

Suite, Apt. #, Etc.  
**300008834363**  
**11/06/02--01114--003 \*\*150.00**

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  
**Charles A. Brown, Jr.**

REGISTERED AGENT MUST SIGN

Date  
**10/31/02**

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
M	Charles A. Brown, Jr.	3380 Rum Row Road	Naples, Florida 34102

**REINSTATEMENT 2002**

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  
**Charles A. Brown, Jr.**

Date  
**10/31/02**

Daytime Phone  
**502-897-3377**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/98)