

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 21 PM 2:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

C.S.E. PROPERTIES, L.L.C.

LOI 000007036

2. Principal Office Address

P.O. Box 1341,

Suite, Apt. #, etc.

N/A

City & State

Naples, Florida

Zip

34106

Country

USA

3. Mailing Office Address

P.O. Box 1341

Suite, Apt. #, etc.

N/A

City & State

Naples, Florida

Zip

34106

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

5/4/01

6. FEI Number

01-0633774

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

Pamela Stewart

Street Address (P.O. Box Number is Not Acceptable)

5051 Castello Drive

Suite, Apt. #, Etc.

Suite 200

City

Naples

State

FL

Zip Code

34103

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

Pamela Stewart
REGISTERED AGENT MUST SIGN

Date

10/20/04

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
MGRM	Christopher S. Esenberg	27271 Belle Rio Drive	Bonita Springs, FL, 34135

500042077885

10/21/04--01062--015 **205.00

REINSTATEMENT

2003-04

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

Christopher S. Esenberg
Christopher S. Esenberg

Date

10-20-04

Daytime Phone #

239-777-2619

Typed or printed name of signing Managing Member/Manager