

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011969

1. Limited Liability Company's Name
GVB Properties, LLC

700112281557
11/14/07--01022--020 **200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 5801 Pelican Bay Blvd		3. Mailing Office Address 5801 Pelican Bay Blvd	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country USA	Zip 34108	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida July 20, 2001	
6. FEI Number 59-3731911	<input type="checkbox"/> 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			
Name Kevin R. Lottes, Esq.			
Street Address (P.O. Box Number is Not Acceptable) c/o Quarles & Brady LLP, 1395 Panther Lane			
Suite, Apt. #, Etc. Suite 300			
City Naples	State FL	Zip Code 34109	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]

Date 11/8/07

REGISTERED AGENT MUST SIGN

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	Aldo Beretta	P.O. Box 1101	Naples, FL 34106
MGRM	Kim M. Beretta	P.O. Box 1101	Naples, FL 34106

REINSTATEMENT

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]

Date

11/8/07

Daytime Phone # 239-659-5045

Typed or printed name of signing Managing Member/Manager

Aldo Beretta, Managing Member of KALOTTAS atty

ALR-41-7