

L01000016547

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016547

1. Limited Liability Company's Name

FAIRFAX CENTER I, LLC

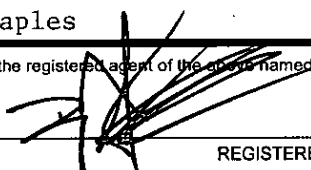
2. Principal Office Address 710 Yorklin Road Suite, Apt. #, etc.		3. Mailing Office Address c/o Douglas A. Wood 1000 Tamiami Trail No. Suite 201	
City & State Hockessin DE		City & State Naples FL 34102	
Zip 19707	Country U.S.	Zip 34102	Country U.S.

4. State/Country of Formation Florida / United States	
5. Date Organized or Qualified To Do Business in Florida 4/2001	
6. FEI Number 58-265-7579	Applied For <input checked="" 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 DOUGLAS A. WOOD		200008753832	
Street Address (P.O. Box Number is Not Acceptable) 1000 Tamiami Trail North		11/01/02--01036--001 ##150.00	
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.

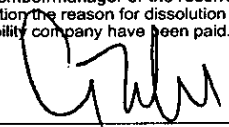
Signature of Registered Agent  Date 10/31/02

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	Clark T. Minker	710 Yorklin Road Hockessin DE 19707	Hockessin DE 19707

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  Date 10.31.02 Daytime Phone # 941.597.5700

Clark T. Minker, Managing Member

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)