

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000020099**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 04 AUG -3 PM 3:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L01000020099

1. Limited Liability Company's Name  
 1133 GOLDEN OLIVE COURT,LLC

03

*DK*

2. Principal Office Address  
 1133 Golden Olive Court

3. Mailing Office Address  
 1133 Golden Olive Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Sanibel, Florida

City & State  
 Sanibel, Florida

Zip 33957 Country USA

Zip 33957 Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 11/20/01

6. FEI Number Applied For  
 XX 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 1031 REVERSE EXCHANGE COMPANY,LLC

900039957859

Street Address (P.O. Box Number is Not Acceptable)  
 695 Tarpon Bay Road #5

08706704--01070--009 \*\*200 00

Suite, Apt. #, Etc.  
 #5

City  
 Sanibel

State FL Zip Code 33957

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 *David Owens*  
 DAVID OWENS REGISTERED AGENT MUST SIGN

Date 7/28/04

**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	WALTER SCHUSTER	1133 Golden Olive Court	Sanibel, Florida 33957

**REINSTATEMENT 2003-2004**

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 filed 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 *Walter Schuster*  
 WALTER SCHUSTER

Date 07/29/04 Daytime Phone # 239-395-3057

Typed or printed name of signing Managing Member/Manager WALTER SCHUSTER

CR2E041 (9/01)