PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 DEC -9 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009806

1. Limited Liability Company's Name
Palm Beach Professional Park LLC

2. Principal Office Address	3. Mailing Office Address
42 Barkley Circle	SAME
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State
Zip: 33907 Country: USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 4.24.02
6. FEI Number: 04-3693504 ☐ 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: Ronald L. Davis
Street Address (P.O. Box Number is Not Acceptable): 42 Barkley Circle
Suite, Apt. #, Etc.: #3
City: Fort Myers State: FL Zip Code: 33907

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 11-30-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Robert D'Andrea	42 Barkley Cir #3	Fort Myers FL 33907
MGRM	Ronald Davis	42 Barkley Cir #3	fort Myers fl 33907
MGRM	Peter Lautenbach	14651 Palm Beach Blvd Ste# 100	fort Myers fl 33905
	REINSTATEMENT 04		410004380344 12/09/04--01054--001 **150.00

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 11-30-04 Daytime Phone # 239-277-1101

Typed or printed name of signing Managing Member/Manager: Ronald L. Davis