

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000013143				 FILED NOV -4 PM 2:05 SECRETARY OF STATE, TALLAHASSEE, FLORIDA																									
1. Entity Name GOODLETTE PLAZA, L.L.C.				Principal Place of Business 18325 ROYAL HAMMOCK BLVD NAPLES, FL 34114																									
Mailing Address 18325 ROYAL HAMMOCK BLVD NAPLES, FL 34114																													
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10272008 REIN-LLC CR2E101 (1/07)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 03-0466041																									
City & State		City & State		Applied For Not Applicable																									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CHERRELUS, HENOCK 213 AIRPORT ROAD SOUTH NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 30%;"> Date: 10-27-08 Daytime Phone: 6498233 </div> </div>																													