

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 30 AM 8:53

DOCUMENT # L02000015465

1. Limited Liability Company's Name

Ithaka Holdings I, LLC

2. Principal Office Address

447 1st Avenue North

Suite, Apt. #, etc.

3. Mailing Office Address

447 1st Avenue North

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

U.S.

Zip

34102

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

06/20/2002

6. FEI Number

03-0463102

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

Harold J. Webre, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Goodlette, Coleman & Johnson, P.A.

Suite, Apt. #, Etc.

4001 Tamiami Trail N., Suite 300

City

Naples

State

FL

Zip Code

34103

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

*Harold J. Webre, Esq.*

REGISTERED AGENT MUST SIGN

Date

9/26/05

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	Jan M. Goldsmith	447 1st Avenue North	Naples, FL 34102

REINSTATEMENT 2005

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

*Jan M. Goldsmith*

Date

Sept 26

Daytime Phone #

(239) 860-2000

Typed or printed name of signing Managing Member/Manager Jan M. Goldsmith