

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 # L02000015490

1. Limited Liability Company's Name

Ithaka Holdings II, 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.

CR2E041 (8/05)

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

06/20/2002

6. FEI Number

35-2190947

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
MGRM	Linda R. Malone	5150 Tamiami Trail N., #403	Naples, FL 34103

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