

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000018449

1. DOCUMENT # L02000018449

Name and Mailing Address

0014717 01 AT 0.292 **AUTO T3 3 0615 34135-705811



REDSHAW REAL ESTATE, LLC
24311 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135-7058

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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12/01



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/22/2002	
Principal Place of Business 24311 PRODUCTION CIRCLE BONITA SPRINGS FL 34135	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CHEFFY, JANE Y ATTORNEY AT LAW 2375 TAMiami TRAIL NORTH, SUITE 310 NAPLES FL 34103		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 700024787007 11/18/03--01033--011 **150.00 City FL Zip Code	
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10. 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 [Signature] **REQUIRED** Date 11/7/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	REDSHAW, DAVID	24311 PRODUCTION CIRCLE	BONITA SPRINGS FL 34135
MGRM	REDSHAW, TAMARA	24311 PRODUCTION CIRCLE	BONITA SPRINGS FL 34135
REINSTATEMENT 2003			

12. 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 [Signature] **REQUIRED** Date 11/10/2003 Daytime Phone # 239-949-0607

Typed or printed name of signing Managing Member/Manager DAVE REDSHAW