


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS
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**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019388  
Name and Mailing Address

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ELDRIDGE & COMPANY REALTY, LLC  
1925 PRINCESS COURT  
NAPLES FL 34110-1018




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2. New Mailing Address <b>8675 NAPLES HERITAGE DRIVE #412</b>		4. State/Country of Formation FL	
City, State, Zip <b>NAPLES, FLORIDA 34112</b>		5. Date Organized or Qualified To Do Business in Florida 07/31/2002	
Principal Place of Business 1925 PRINCESS COURT NAPLES FL 34110	3. New Principal Place of Business Address # <b>8675 Naples HERITAGE Dr. #412</b>	6. FEI Number <b>EIN 36-4540882</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
	City, State, Zip <b>NAPLES, FL 34112</b>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GARLICK, THOMAS B 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES FL 34108		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		11/21/03--01084--012 **155.00	
		700024937197	
		City 11/21/03--01084--012 FL **155.00	

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** REGISTERED AGENT MUST SIGN Date **11-17-03**

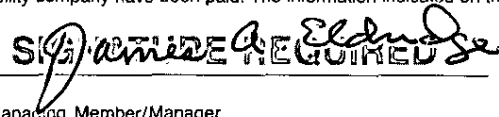
11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT MGR	JAMES A. ELDRIDGE	8675 NAPLES HERITAGE DR. #412	NAPLES, FL 34112

REINSTATEMENT 2003

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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 **11/13/03** Daytime Phone # **(239) 793-5137**

Typed or printed name of signing Managing Member/Manager

CR20034 (7/03)