## 2004 LIMITED LIABILITY COMPANY

FILED

REINSTATEMENT						2004 NOV 22	AM 10: 45
DOCU	MENT # L02000022						
Entity Name     SIMKING FORT MYERS, LLC					Ţ	SECRETARY ALLAHASSE	OF STATE
SIMKING	FORT MYERS, LLC					4: ((1,4,5,5))	e, reukiud
Original State		NA-W- Add	100				
Principal Plac	91ST STREET, SUITE 404	Mailing Address 11900 BISCAYNE BLVD.					
-AVENTURA,	FL 33180 -	#801					
		NORTH MIAMI, FL 3318	1	ENMAN	OM COMO MINH TOME FRANCE		INIE MESSI III 1881
2. Principal P	Place of Business  Discare BND	3. Mailing Address					
Suite, Apt.		Suite, Apt. #, etc.		11112004	REIN-LLC	CR2E101 (6/	/04)
City & Stat	h Miani FL	City & State		4. FEI Nurr	ber ED FOR 20	-1846401	Applied For Not Applicable
Zip	181 Country USB	Zip	Country	5. Certifica	te of Status Desired	ı□\$ <b>5.00</b> Fee Re	Additional:
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New	Registered Agent	44.00
REINHARD, SANFORD N			Name	Karen H.	Lleva		
2875-N.E.	191ST STREET, SUITE 494			Address (P.O. Box Num	ber is Not Accepta		
AVENTUR	<del>VA, FL 33180</del>		1.	1-100 0136	agre 510	<u>w</u> , 42 801	
			City .	200 11		Zip Zip	Code c
8. The above named entity submits this statement for the purpose of changing its registered office or register					ooth, in the State of	Florida. I am familiar	with, and accept
the obligat	tions of registered agent.		_				
						11 11 - [7]	9
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent sig	nature required when reinstati	ng)	DATE	<u> </u>
SIGNATURE	Signature, typed or printed name of registered egent a		<u> </u>	· · · · · · · · · · · · · · · · · · ·		DATE	
FIL	Signature, typed or printed name of registered agent a  LE NOW!!! FEE IS \$50.00  ary 1, 2005, Fee will be \$100.00	In accordance with s. liability company did r	607.193(2)(b)	F.S., the limited	M	DATE  ake check payable da Department of	
Fil After Janu	LE NOW!!! FEE IS \$50.00 ary 1, 2005, Fee will be \$100.00	In accordance with s. liability company did r	607.193(2)(b) not receive the	F.S., the limited	M: Flori	da Department of	
FIL	LE NOW!!! FEE IS \$50.00	In accordance with s. liability company did r	607.193(2)(b)	F.S., the limited prior notice.	M: Flori	da Department of	State
FII After January 9. TITLE NAME	LE NOW!!! FEE IS \$50.00 ary 1, 2005, Fee will be \$100.00 MANAGING MEMBEL MGRM SIMKINS INDUSTRIES, INC.	In accordance with s. liability company did r	607.193(2)(b) not receive the	F.S., the limited prior notice.	ADDITION	da Department of	State ange M Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM SIMKINS INDUSTRIES, INC. 11900 BISCAYNE BLVD. #501	In accordance with s. liability company did r	607.193(2)(b) not receive the  10.  TITLE NAME STREET ADDRESS	MORM West-field	ADDITION  ADDITION  Financial  Cagre SI	S/CHANGES  Changes  Changes  Changes  Changes	State ange M Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.