
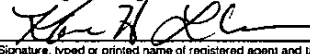
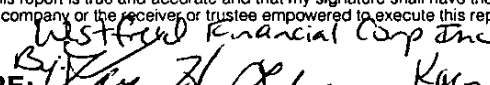


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 22 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022262 1. Entity Name SIMKING FORT MYERS, LLC					
Principal Place of Business 2875 N.E. 191ST STREET, SUITE 404 AVENTURA, FL 33180			Mailing Address 11900 BISCAYNE BLVD. #801 NORTH MIAMI, FL 33181		
2. Principal Place of Business 11900 Biscayne Blvd Suite, Apt. #, etc. #801		3. Mailing Address Suite, Apt. #, etc. 11112004 REIN-LLC CR2E101 (6/04)			
City & State North Miami FL Zip 33181 Country USA		City & State Zip Country		4. FEI Number APPLIED FOR 20-1846401	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REINHARD, SANFORD N 2875 N.E. 191ST STREET, SUITE 404 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Karen H. Llera Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd, #801 City North Miami FL Zip Code 33181		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 11-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMKINS INDUSTRIES, INC. <input checked="" type="checkbox"/> Delete 11900 BISCAYNE BLVD. #501 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Westfield Financial Corp Inc 11900 Biscayne Blvd, #801 North Miami, FL 33181	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042926753 11/22/04--01048--002 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  Karen H Llera Asst Corp Secy 11/11/04 305-899-8184 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					