

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 MAR 21 AM 9:12

DOCUMENT #

LO2000033984

1. Limited Liability Company's Name

Naples Crystal Ballroom Dance Studio, LLC
2082 Trade Center Way, #101 4000-D Bayshore Dr.
Naples FL 34109 NAPLES FL 34112

2. Principal Office Address

Same as above

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

12/18/02

6. FEI Number

48-1294151

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

Larry D. Saunders

REINSTATEMENT

03-05

Street Address (P.O. Box Number is Not Acceptable)

2082 Trade Center Way, #101 4000-D Bayshore Dr

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109 34112

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

Larry D. Saunders
REGISTERED AGENT MUST SIGN

Date 2/17/05

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	Larry D. Saunders	2135 Scrub Oak Circle, #202	Naples, FL 34112
MGRM	Robert B. Smeja	300 5th Avenue South, #101-310	Naples, FL 34102

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

Larry D. Saunders

Date

2/17/05

Daytime Phone #

239-775-5217

Typed or printed name of signing Managing Member/Manager

LARRY D. SAUNDERS

CR2E041 (10/02)