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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT #

1. Limited Liability Company's Name

MOB Holdings LLC 06

2. Principal Office Address	3. Mailing Office Address
1100 5TH AVE S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FLA	City & State
Zip: 34102 Country: Collier	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 05-0590577 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: J. Lowell Rolquin

Street Address (P.O. Box Number is Not Acceptable): 1100 5TH Ave South #201

Suite, Apt. #, Etc.:

City: NAPLES FLA 34102 State: FL Zip Code:

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: _____ REGISTERED AGENT MUST SIGN Date: Dec 12 2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRS	Jeffrey L. Rolquin	1100 5TH AVE S	NAPLES, FL 34102

REINSTATEMENT 2006

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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: _____ Date: Dec 12 2006 Daytime Phone #: 239-593-6216

Typed or printed name of signing Managing Member/Manager: _____