PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN -2 A 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L03000026683

1. Limited Liability Company's Name
Ponce Inlet Partners, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16981 James Whitehead Road	16981 James Whitehead Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS, FL	City & State: FT. MYERS, FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business In Florida: 7/21/2003
6. FEI Number: ☑ 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: ADAM D. KAPLAN, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 16981 JAMES WHITEHEAD ROAD
Suite, Apt. #, Etc.:
City: FT. MYERS State: FL Zip Code: 33912

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 1/2/08
REGISTERED AGENT MUST SIGN

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
MGR	PAUL G. ROIFF	16981 James Whitehead Road	FT. MYERS, FL 33912

REINSTATEMENT 06-08

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: [signature] Date: 1/2/2008 Daytime Phone #: 239-466-8833

Typed or printed name of signing Managing Member/Manager: PAUL G. ROIFF

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

LIMITED LIABILITY REINSTATEMENT

PONCE INLET PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

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