

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

06 MAY 26 AM 9:51

DOCUMENT # L03000030640

1. Limited Liability Company's Name

FRIGATE HOLDINGS, L.L.C.

2. Principal Office Address

3560 12th Avenue S.E.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34117

Country

USA

3. Mailing Office Address

3560 12th Avenue S.E.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34117

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/14/03

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

Troy C. Alwine

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

3560 12th Avenue S.E.

Suite, Apt. #, Etc.

City

Naples, Florida

State

FL

Zip Code

34117

500075891745
06/06/06--01047--009 **209.00

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

Troy C. Alwine

REGISTERED AGENT MUST SIGN

Date 5-18-06

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	Troy C. Alwine	3560 12th Avenue S.E.	Naples, Florida 34117

REINSTATEMENT 05-06

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

Troy C. Alwine

Date 5-18-06

Daytime Phone # 305-710-7939

Typed or printed name of signing Managing Member/Manager Troy C. Alwine