

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 18 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050972

1. Limited Liability Company's Name

BACK BAY NAPLES LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

5888 THREE IRON DRIVE

3. Mailing Office Address

5888 THREE IRON DRIVE

Suite, Apt. #, etc.

#1201

Suite, Apt. #, etc.

#1201

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

DECEMBER 8, 2003

6. FEI Number

16-1688763

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

FRED WILHELM

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

5888 THREE IRON DRIVE #1201

Suite, Apt. #, Etc.

City

NAPLES, FL

State

FL

Zip Code

34110

E-mail Address:

800235282948
05/18/12--01003--004 **685.00

FRED.WILHELM@GMAIL.COM

(To be used for future annual report notices)

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

Fred Wilhelm

Date

5/12/12

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
MGRM	FRED WILHELM ✓	5888 THREE IRON DRIVE #1201	NAPLES FL 34110
MGRM	JAMES W. STANLEY ✓	352 EDGEWATER WAY	NAPLES FL 34105
MGRM	CHARLES M. REID ✓	3 SAINT SIMONS SQUARE	GREENSBORO NC 27408
MGRM	WILLIAM A. GARRETT ✓	2630 BULRUSH LANE	NAPLES FL 34105

REINSTATEMENT 09-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Fred Wilhelm

Date

5/12/12

Daytime Phone #

239-598-0988

Typed or printed name of signing Managing Member/Manager

N. Gulligan

MAY 21 2012