PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(((H05000295203 3)))

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 DEC 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

DOCUMENT # L04000036404

1. Corporation Name
Glenbush Pass, LLC

2. Principal Office Address	3. Mailing Office Address
1076 Grand Isle Drive	1076 Grand Isle Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL 34108	City & State: Naples, FL 34108
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street,
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 12/30/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Marty C. Solomon	1076 Grand Isle Drive	Naples, FL 34108
Sec/Tr	Ben Z. Post	1076 Grand Isle Drive	Naples, FL 34108

REINSTATEMENT 05

10. I certify that I am an officer or director of the reorganizer or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 12.15.05 303-694-0294
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

FAXED 12/30/05

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DIVISION OF CORPORATION

To:
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From:
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LIMITED LIABILITY REINSTATEMENT

GLENBUSH PASS, LLC

Certificate of Status	0
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