


150-00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -7 AM 8:17

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 04020061805
1. Limited Liability Company's Name
Craver Properties One, LLC

2. Principal Office Address
2742 Orange Grove Tr.
Suite, Apt. #, etc.
City & State
Naples, FL
Zip 34120 **Country** US

3. Mailing Office Address
2742 Orange Grove Trail
Suite, Apt. #, etc.
City & State
Naples, FL
Zip 34120 **Country** US

CR2E041 (8/05)

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 8/19/2004

6. FEI Number 51-0521806 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

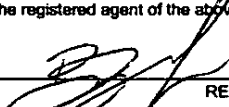
8. Name and Address of Current Registered Agent

Name Bryan Craver

Street Address (P.O. Box Number is Not Acceptable) 2742 Orange Grove Tr.
Suite, Apt. #, Etc.

City Naples, FL **State** FL **Zip Code** 34120

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** 10/3/05

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	Bryan Craver	2742 Orange Grove Tr.	Naples, FL 34120

REINSTATEMENT DOCUMENT 2005
900061763919
11/29/05--01073--002 **50.00

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** 10/3/05 **Daytime Phone** 239-298-6640

Typed or printed name of signing Managing Member/Manager Bryan Craver