L05000041969

Florida Department of State

Division of Corporations

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Email Address: justin.blomberg@timmisinvestors.com

LIMITED LIABILITY REINSTATEMENT

NAPLES BD II LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$382.50

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000041969

1. Limited Liability Company's Name
NAPLES BD II LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
130 Kercheval	130 Kercheval
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Grosse Pointe, MI	Grosse Pointe, MI
Zip 48236 Country USA	Zip 48236 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/28/2005

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: Timmis, Michael T. O.

Street Address (P.O. Box Number is Not Acceptable): 2950 Fort Charles

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34102

☐ 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: 2/15/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TIMMIS, MICHAEL T.O.	2950 Fort Charles	Naples, FL 34102
MGR	BLOMBERG, JUSTIN	130 Kercheval, #200	Grosse Pointe, MI 48236

REINSTATEMENT
2009-10

S. HAWKES
FEB 18 2010
EXAMINER

11. E-mail Address: JUSTIN.BLOMBERG@TIMMISINVESTORS.COM
(To be used for annual report notifications)

12. 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: 2/11/2010 Daytime Phone #: 313 885 6245

Typed or printed name of signing Managing Member/Manager: Justin Blomberg