FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 19 AM 10:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L05000088620

1. Limited Liability Company's Name
GRANDE ESTATES, LLC.

2. Principal Office Address	3. Mailing Office Address
3936 TAMIAMI TR.N.	1415 PANTHER LANE
Suite, Apt. #, etc. # 429	Suite, Apt. #, etc. #429
City & State NAPLES, FL	City & State NAPLES, FL. 34109
Zip 34103 Country COLLIER	Zip 34109 Country COLLIER

4. State/Country of Formation FLORIDA, USA.
5. Date Organized or Qualified To Do Business in Florida 09/08/2005
6. FEI Number 20-8031749 ☐ 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 R. PETER GISSELBECK
Street Address (P.O. Box Number is Not Acceptable) 3936 TAMIAMI TRAIL NORTH
Suite, Apt. #, Etc. 103
City NAPLES State FL Zip Code 34103

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12/19/06 01025-005 **150.00

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 [signature] REGISTERED AGENT MUST SIGN Date 12/12/06

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	HERBERT BIGGS	285 GRANDE WAY #405	NAPLES, FL 34110
MGR	R. PETER GISSELBECK	3936 TAMIAMI TR.N.	NAPLES, FL 34103
		REINSTATEMENT	2006

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 [signature] Date Dec 12, 2006 Daytime Phone # 239-595-4016

Typed or printed name of signing Managing Member/Manager HERBERT BIGGS