

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 15 PM 12:45

SECRETARY OF STATE
MAILING SET FLD 04/15/10--01040--005 **\$5.00

000176010550
04/15/10--01040--004 **\$16.25

CR2E041 (11/09)

DOCUMENT # LOS 000098864
1. Limited Liability Company's Name
mignon of Naples LLC

2. Principal Office Address - No P.O. Box #
2164 tamiami trail
Suite, Apt. #, etc.
City & State
Naples, FL
Zip Country
34102 USA

3. Mailing Office Address
2164 tamiami trail N.
Suite, Apt. #, etc.
City & State
Naples, FL
Zip Country
34102 USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
10/06/2005

6. FEI Number
870754473
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
Charles marble
Street Address (P.O. Box Number is Not Acceptable)
788 7th Ave N.
Suite, Apt. #, Etc.
City
Naples, FL
State Zip Code
FL 3402

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 4/13/10
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
<u>Pres</u>	<u>Charles marble</u>	<u>788 7th Ave N.</u>	<u>Naples, FL 34102</u>

REINSTATEMENT 08-10
OK 4-16-10

11. E-mail Address: _____
(To be used for future 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 4/13/10 Daytime Phone # 239-649-0077
Typed or printed name of signing Managing Member/Manager _____