

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 17 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04092007 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L05000116842</b> 1. Entity Name <b>NAPLES TRUST ESTATE CLOSURE SERVICES, LLC</b>					
Principal Place of Business <b>277 MONTEREY DRIVE NAPLES, FL 34119</b>			Mailing Address <b>277 MONTEREY DRIVE NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box # <b>9130 Galleria Court</b>		3. Mailing Address <b>9130 Galleria Court</b>			
Suite, Apt. #, etc. <b>Suite 318</b>		Suite, Apt. #, etc. <b>Suite 318</b>			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>			
Zip <b>34109</b>	Country <b>USA</b>	Zip <b>34109</b>	Country <b>USA</b>	4. FEI Number <b>20-3984951</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jeff M. Novatt, Esq.</u> <span style="float: right;">4/30/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEDIO, ANTHONY 277 MONTEREY DRIVE NAPLES, FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dedio, Anthony 9130 Galleria Court Naples, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 318 34109</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUCKERMAN, TOD 222 INDUSTRIAL BLVD., SUITE 176 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600103196756 05/24/07--01024--005 **200.00</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Anthony Dedio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>Anthony Dedio, Manager</b> <small>Date</small> <b>04/30/07</b> <b>239-513-2262</b> <small>Daytime Phone #</small>		