

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
In Seal  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L97000000948

Name and Mailing Address

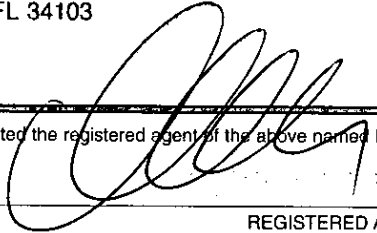
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005578 01 FP 0.352 \*\*PRSR T7 0 0615 34110-338901

THE STRAND REAL ESTATE HOLDINGS, L.C.  
5692 STRAND CT., STE. 1  
NAPLES FL 34110-3389



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 5692 STRAND CT., STE. 1 NAPLES FL 34110		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/28/1997	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3498816 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> SALVATORI, LEO J 4501 N TAMiami TRAIL, SUITE 300 NAPLES FL 34103		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b> Date 11/5/02			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	HARDY, ROBERT P	5692 STRAND CT., STE. 1	NAPLES FL 34110
MEM	MARICOPA INVESTMENT CORPORATION	5692 STRAND CT., STE. 1	NAPLES FL 34110
MEM	RENEE T. TOLSON	5692 STRAND CT. STE. 1	NAPLES, FL 34110
<b>REINSTATEMENT 2002</b>			
900009297129 12/02/02 01049-004 **150.00			

CR2E084 (8/02)

**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

Date 11/4/02

Daytime Phone # 239-592-7344

Typed or printed name of signing Managing Member/Manager

ROBERT PAUL HARDY