

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # L98000000074

1. Limited Liability Company's Name

Chimere Acquisition Corporation
of Naples LLC

2. Principal Office Address

5534 Yahl Street

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

USA

3. Mailing Office Address

P.O. Box 416

Suite, Apt. #, etc.

City & State

Garden Grove, CA

Zip

92842

Country

USA

REINSTATEMENT 2000-01

4. State/Country of Formation

Florida USA

**5. Date Organized or Qualified
To Do Business in Florida**

1-1-98

6. FEI Number

582375360

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Michael Boyer

Street Address (P.O. Box Number is Not Acceptable)

5534 Yahl Street

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

400003856434-6

-03/16/01--01091--029

****200.00 ****200.00

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

[Handwritten signature of Michael L. Burris]

Date 12-14-00

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
Pres.	Michael L. Burris	10661 Humbolt Street	Los Alamitos, CA 90720
V.P.	James M. Smith	18900 Halyard Point Lane	Cornelius, NC 28031
V.P.	Michael J. Morton Sr.	18301 Shearwater Lane	Huntersville, NC 28078

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

[Handwritten signature of Michael L. Burris]

Date 12-31-00

Daytime Phone # 714 920-7356

Typed or printed name of signing Managing Member/Manager

MICHAEL L. BURRIS

CF2E041 (9/99)