

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILED

02 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001-2002

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

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

DOCUMENT # L98000001066
1. Limited Liability Company's Name
DSP OF NAPLES, L.C.

2. Principal Office Address 5668 Strand Court Suite, Apt. #, etc. #108 City & State Naples, FL Zip 34110		3. Mailing Office Address 5668 Strand Court Suite, Apt. #, etc. #108 City & State Naples, FL Zip 34110	
Country USA	Country USA		

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
07-14-98

6. FEI Number
59-3557677

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CLASP INC.

Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N.

Suite, Apt. #, Etc.
4th Floor

City
Naples

State
FL

Zip Code
34103

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***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 by: *[Signature]* **Joel Schechter, President** Date **April 19, 2002**

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
MGR	Art Shafran	5668 Strand Court #108	Naples, FL 34110
MGR	James Pierce	5668 Strand Court #108	Naples, FL 34110

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: **4/24/02** Daytime Phone#: **239-597-8400**

Typed or printed name of signing Managing Member/Manager: **James Pierce, Manager**

CR2E041 (9/01)