

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

L98000001137

FILED

02 OCT 28 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000001137

Name and Mailing Address

0005456 01 FP 0.352 **PRSR T7 0 0615 34103-441428



FP REAL ESTATE INVESTMENTS, L.C.
2828 TAMIAMI TRAIL NORTH
NAPLES FL 34103-4414

10/11/02



2. New Mailing Address

City, State, Zip

Principal Place of Business

2828 TAMIAMI TRAIL NORTH
NAPLES FL 34103

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/20/1998

6. FEI Number

59-3535213

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

CONROY, J. THOMAS III
3838 TAMIAMI TRAIL NORTH, SUITE 402
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PIOLI, DANIEL R	2828 TAMIAMI TRAIL NORTH	NAPLES FL 34103
MGR	FREEDMAN, DEBORAH A	2828 TAMIAMI TRAIL NORTH	NAPLES FL 34103

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REINSTATEMENT 2002

BK

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

10/23/02

Daytime Phone #

239-261-0602

Typed or printed name of signing Managing Member/Manager

Daniel R. Pioli

CR2E084 (8/02)