

# L98000002991

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
05 DEC 13 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name  
Collier Groves Management, L.C  
4210 Metro Parkway, Suite 250  
Ft. Myers, FL 33916

602

500062114325

CR2E041 (8/05)

2. Principal Office Address 4210 Metro Parkway		3. Mailing Office Address 4210 Metro Parkway	
Suite, Apt. #, etc. Suite 250		Suite, Apt. #, etc. Suite 250	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33916	Country USA	Zip 33916	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/03/1998	
6. FEI Number 650881577	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**B. Name and Address of Current Registered Agent**

Name  
Richard Choma

Street Address (P.O. Box Number is Not Acceptable)  
4210 Metro Parkway

Suite, Apt. #, Etc.  
Suite 250

City  
Fort Myers

State  
FL

Zip Code  
33916

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 Richard Choma VP/CAO Date 12/9/05

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	Consolidated Citrus Management, L.L.C.	4210 Metro Parkway, Suite 250	Fort Myers, FL 33916
<b>REINSTATEMENT 2002-2005</b>			

11. I certify that I am managing member/manager of 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 Charles Vitters Date 12/9/05 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Charles Vitters



L98000002991

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 752310 4333788

AUTHORIZATION : *Darlene Ward*

COST LIMIT : \$ 300.00

FILED  
05 DEC 13 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 12, 2005

ORDER TIME : 8:41 AM

ORDER NO. : 752310-025

CUSTOMER NO: 4333788

RECEIVED  
05 DEC 13 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COLLIER GROVES MANAGEMENT  
L.C.

*BK*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS \_\_\_\_\_