

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 30 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003450

1. Limited Liability Company's Name

Boca Bargoons of Fort Myers, LLC

900158015429
06/30/09--01048--021 **1626.25

CR2E041 (10/08)

| | | | |
|---|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 3645 Fowler Street | | 3. Mailing Office Address 3030 Castle Pines Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Fort Myers, FL | | City & State Duluth, GA | |
| Zip 33901 | Country USA | Zip 30097 | Country USA |

| | |
|--|---|
| 4. State/Country of Formation Florida/United States | |
| 5. Date Organized or Qualified To Do Business in Florida 6/25/09 | |
| 6. FEI Number 65-0897182 | <input type="checkbox"/> 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 | |

8. Name and Address of Current Registered Agent

| | | |
|--|-------------|-------------------|
| Name Cynthia Wollstein | | |
| Street Address (P.O. Box Number is Not Acceptable) 5014 Harbortown Lane | | |
| Suite, Apt. #, Etc. | | |
| City Fort Myers | State FL | Zip Code 33901 |

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 _____ Date 6/26/09
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 |
|--------|-----------------------------------|--|----------------------|
| MGRM | Edward Wollstein | 5014 Harbortown Lane | Fort Myers, FL 33901 |
| MGRM | Cynthia Wollstein | 5014 Harbortown Lane | Fort Myers, FL 33901 |
| | | | |
| | | | |

REINSTATEMENT

99-09 JB

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 _____ Date 6/26/09 Daytime Phone # 678-231-6060

Typed or printed name of signing Managing Member/Manager _____