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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L9900001421

REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. S. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 97 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001421

Name and Mailing Address

0005575 01 FP 0.352 **PRSR T7 0 0815 34110-365702

DLJ INVESTMENTS, LLC

425 DOCKSIDE DR., #402

NAPLES FL 34110-3657



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
425 DOCKSIDE DR., #402 NAPLES FL 34110		03/12/1999	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		65-0904821	
		Applied For 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		9. Name and Address of New Registered Agent	
MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309 TAMPA FL 33629		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 7/9/03	
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	SMITH, LARRY W	425 DOCKSIDE DR., #402	NAPLES FL 34110
MGRM	GAUER, DELORES	425 DOCKSIDE DR., #402	NAPLES FL 34110
500021498835 07/11/03--01064--005 **200.00			
REINSTATEMENT 2002-2003			

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 4-28-03 Daytime Phone # 239 9361221

Typed or printed name of signing Managing Member/Manager

Larry W. Smith

CR2E084 (8/02)