

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 AM 10:26

DOCUMENT # **L 99000001575**

1. Limited Liability Company's Name

MALLOY AND DITKA BUILDING I, L.L.C.

9/29/00

2. Principal Office Address

375 12th AVENUE S.

Suite, Apt. #, etc.

3. Mailing Office Address

375 12th AVENUE S.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

Zip

34102

Country

4. State/Country of Formation

FL / COLLIER

5. Date Organized or Qualified
To Do Business in Florida

4/99

6. FEI Number

57-1079321

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

Name

FAGA, ANTONIO ESQ. 300003796943--0

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

375 12th AVENUE SOUTH

03/05/01--01014--012

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34102

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

Antonio Faga

Date **1-15-01**

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	DITKA, MIKE	5800 AIRLINE HIGHWAY	METARIE, LA 70003
MGRM	MALLOY, MALCOLM III	2232 SHARON CANE	CHARLOTTE, N.C. 28211
			300003796943--0
			03/05/01--01014--013
			****110.00 ****55.00
			100.00 Rein
			100.00 00-01 UBR
			5.00 CUS
			205.00

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

Malcolm Malloy III

Date **1-15-01**

Daytime Phone #

704-372-6700

Typed or printed name of signing Managing Member/Manager

MALCOLM MALLOY III