

11/20/2000

11:08

CCRS → 19414892444

APPROVED  
AND  
FILED

NO. 259

003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 NOV 21 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L99000005521

1. Limited Liability Company's Name  
FMCO, L.L.C.

REINSTATEMENT 7500

2. Principal Office Address

4350 West Gulf Drive

3. Mailing Office Address

4350 West Gulf Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Sanibel, FL

City &amp; State

Sanibel, FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. State/Country of Formation  
Florida5. Date Organized or Qualified  
To Do Business in Florida

9/2/99

6. FEI Number  
65-0946012

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

Steven I. Winer, Esq.

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

12800 University Drive

Suite, Apt. #, etc.

Suite 600

City

Fort Myers

State

FL

Zip Code

33907

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

REGISTERED AGENT MUST SIGN

Date

11/20/00

## 10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/ManagersStreet Address of Each  
Managing Member/Manager

City / State / Zip

MGR

TRIFORM, L.L.C.

241 East Fuller Road

Hinsdale, IL 60521

500003489685--7

-12/21/00--01093--026

\*\*\*\*\*5.00 \*\*\*\*\*5.00

11/21/00

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

by:

MARK J. MARINELLO, Attorney-In-Fact

Date

11/20/00

Daytime Phone #

941-472-1536

Typed or printed name of signing Managing Member/Manager

L99000005521

10.50  
1.00

INSTR # 4804149  
OR BK 03215 PG 2667  
RECORDED 01/31/00 04:01 PM  
CHARLIE GREEN CLERK OF COURT  
LEE COUNTY  
RECORDING FEE 10.50  
DEPUTY CLERK B Cruz

Return to  
Name: Steven I. Winer  
Annis, Mitchell, Cockey, Edwards & Roehn, P.A.  
Address: P.O. Box 60259  
Fort Myers, Florida 33906-6259

This Instrument Prepared By:  
Steven I. Winer  
Annis, Mitchell, Cockey, Edwards & Roehn, P.A.  
Address: P.O. Box 60259  
Fort Myers, Florida 33906-6259

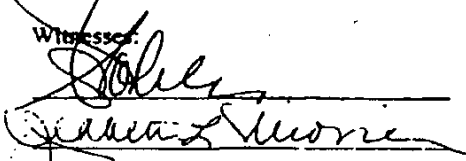
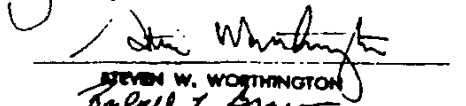
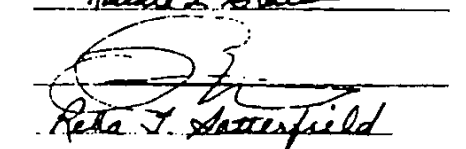
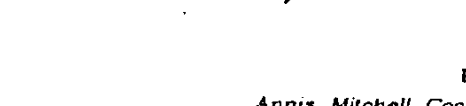
#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that Triform, L.L.C., a member-managed limited liability company created under the laws of the State of Georgia, as the sole manager of FMCO., L.L.C., a manager-managed limited liability company created under the laws of the State of Florida, does hereby constitute and appoint through all of its undersigned members and by these presents does make, constitute and appoint Mark J. Marinello as the true and lawful attorney-in-fact of FMCO., L.L.C., to sign all documents, in the name, place and stead of FMCO., L.L.C., related to the purchase and/or sale by FMCO., L.L.C. of any real property located in Lee County, Florida, which such documents shall include, but shall not be limited to, assignments, pledge agreements, general and special warranty deeds, quit-claim deeds, mortgages and deeds of trust.

This power of attorney is nondelegable and shall be valid until such time that a document revoking this power of attorney is recorded in the Public Records of Lee County, Florida.

IN WITNESS WHEREOF, all of the members of Triform, L.L.C. have hereunto set their hands effective as of December 28, 1999.

Witnesses:

  
James L. Morris  
  
STEVEN W. WORTHINGTON  
  
Robert L. Brown  
  
Peter J. Satterfield

TRIFORM, L.L.C., Manager

By:   
A. Coleman Tuggle, Member

By:   
Bernie M. Tuggle, Member

By:   
Clyde C. Tuggle, Member

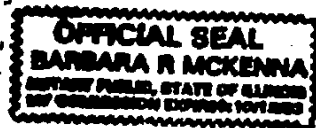
12/08/03

L99000005521

ON BK 63215 PG 2668

STATE OF IllinoisCOUNTY OF De Witt

The foregoing instrument was acknowledged before me this 30th Jan. 2000,  
by A. Coleman Tuggle, as a member of Triform, L.L.C., ☐ who is personally known to  
me, or ☒ who has produced D.J. as  
identification.



Barbara R. McKenna  
Sign Name

BARBARA R. MCKENNA  
Print Name  
Notary Public  
Commission No.

STATE OF IndianaCOUNTY OF Warrick

The foregoing instrument was acknowledged before me this December 29, 1999,  
by Bernie M. Tuggle, as a member of Triform, L.L.C., ☒ who is personally known to me,  
or ☐ who has produced \_\_\_\_\_ as identification.

Wickie D. Hoff  
Sign Name

Wickie H. Hoff  
Print Name  
Notary Public  
Commission No. May 19, 2005

STATE OF GeorgiaCOUNTY OF Fulton

The foregoing instrument was acknowledged before me this January 17, 2000,  
by, Clyde C. Tuggle, as a member of Triform, L.L.C., ☒ who is personally known to me,  
or ☐ who has produced \_\_\_\_\_ as identification.

Reba T. Satterfield  
Sign Name

Reba T. Satterfield  
Print Name  
Notary Public  
Commission No. My Commission Expires March 31, 2000