

11/2/01 10:08 FAX 941 941 4111

Henderson Franklin

002/002

FAX AUDIT NO.: H01000116169 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 NOV 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005534

1. Limited Liability Company's Name

MIROMAR OUTLET WEST, L.L.C.

2. Principal Office Address

10801 Corkscrew Road

Suite, Apt. #, etc.

Suite 199

City & State

Estero, FL

Zip

33921

Country

USA

3. Mailing Office Address

24870 Burnt Pine Drive

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/02/1999

6. FBI Number

65-1127465

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

Mark Geschwendt

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

24870 Burnt Pine Drive

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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 11/20/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Miromar Development Corporation	24870 Burnt Pine Drive	Bonita Springs, FL 34134

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 11/20/01 Daytime Phone# (941) 948-3666

Miromar Development Corporation, Managing Member

Typed or printed name of signing Managing Member/Manager

By: Jerry Schmoer, Vice President

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H01000116169 3)))

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (941)334-4121
Fax Number : (941)334-4100

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

LIMITED LIABILITY REINSTATEMENT

MIROMAR OUTLET WEST, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00