

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L99000007134

APPROVED AND FILED

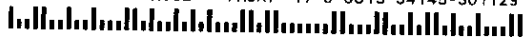
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000007134

Name and Mailing Address

0005681 01 FP 0.352 **PRSR T7 0 0615 34145-301129



S-P MARCO INVESTMENTS, LLC
229 N. COLLIER BLVD.
MARCO ISLAND FL 34145-3011

300009715873
12/27/02--01047--005 **185.00



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	
229 N. COLLIER BLVD. MARCO ISLAND FL 34145		10/27/1999	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		65-0958817	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
HUDGINS, THOMAS F 821 FIFTH AVENUE SOUTH #201 NAPLES FL 34102		9. Name and Address of New Registered Agent	
		Name Christopher A. Roche	
		Street Address (P.O. Box Number is Not Acceptable) 229 N. Collier Blvd.	
		City Marco Island FL Zip Code 34145	
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 11-8-02	
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	HUDGINS, THOMAS F	821 FIFTH AVENUE SOUTH #201	NAPLES FL 34102
MGR	Dermot S. Patton	229 N. Collier Blvd	Marco Island, FL 34145

CR2E084 (8/02)

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

[Signature]

Date 11-8-02 Daytime Phone 011-353-1-8530050

Typed or printed name of signing Managing Member/Manager

LAW OFFICES OF CHRISTOPHER A. ROCHE
SAND DOLLAR PLAZA
229 NORTH COLLIER BOULEVARD
MARCO ISLAND, FLORIDA 34145

Christopher A. Roche
Attorney at Law

Telephone (239) 389-0700
Facsimile (239) 389-0800

December 20, 2002

Florida Department of State
Limited Liability Company
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: SP Marco Investments,
LLC, a Florida Limited
Liability Company

Gentlemen:

Enclosed please find the UBR and Application for Reinstatement with Acceptance of Registered Agent for the above referenced Limited Liability Company together with a check in the amount of \$185.00 made payable to your order to cover the filing. Request is made that a confirmation of the filing be returned to this office.

Thank you for your time and efforts in this matter.

Sincerely,



Christopher A. Roche

Enclosures

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