

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 APR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008376

1. Limited Liability Company's Name

SRI INVESTMENTS, LLC

2. Principal Office Address

3892 Prospect Avenue

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

USA

3. Mailing Office Address

3892 Prospect Avenue

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/02/99

6. FEI Number

01-0650517

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

Jeff M. Novatt

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

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***205.00 ***205.00

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 4/3/02

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
MRGM	Seward, Wm. Bryan	3892 Prospect Avenue	Naples, Florida 34104
MRGM	Obstgarten, Irwin, Trustee	3892 Prospect Avenue	Naples, Florida 34104

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 4/3/02

Daytime Phone # 239-642-9936

Typed or printed name of signing Managing Member/Manager Wm. Bryan Seward

CR2E041 (9/01)