

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



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

DOCUMENT # L99000008376

1. Limited Liability Company's Name
SRI INVESTMENTS, LLC

2. Principal Office Address 3892 Prospect Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3892 Prospect Avenue Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34104	Country USA	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

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.

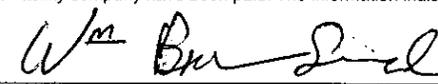
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

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)