

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 25 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002496

1. Limited Liability Company's Name

Naples Estates, LLC

REINSTATEMENT

300025032303
11/25/03--01046--003 **150.00

2. Principal Office Address

c/o Norton S. Karno

3. Mailing Office Address

c/o Cory S. Sukert

Suite, Apt. #, etc.

16255 Ventura Blvd., #1200

Suite, Apt. #, etc.

18200 Von Karman #725

City & State

Encino, California

City & State

Irvine, California

Zip

91436

Country

USA

Zip

92612

Country

USA

4. State/Country of Formation

CA

5. Date Organized or Qualified
To Do Business in Florida

11/01/2001

6. FEI Number

95-4809462

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

Bobo, J. Allen

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

One Sarasota TWR.

Suite, Apt. #, Etc.

Two North Tamiami TR., 5th FL

City

Sarasota

State

FL

Zip Code

34236

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

J. Allen Bobo

REGISTERED AGENT MUST SIGN

Date NOV 20 2003

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
MGR	Karno, Norton S.	16255 Ventura Blvd., Suite 1200	Encino, CA 91436

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

Norton S. Karno

Date

10/21/03

Daytime Phone #

(818) 981-3400

Typed or printed name of signing Managing Member/Manager

NORTON S. KARNO

CR2EDM1 (1002)