

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 2014 JAN 22 PM 3:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07000003278

1. Limited Liability Company's Name

FPT FORT MYERS, L.L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 3400 E. LAFAYETTE Suite, Apt. #, etc.		3. Mailing Office Address same as #2 Suite, Apt. #, etc.		4. State/Country of Formation MICHIGAN
City & State DETROIT, MI		City & State		5. Date Organized or Qualified To Do Business in Florida June 1, 2007
Zip 48207	Country USA	Zip	Country	6. FEI Number 20-8985756
				Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent		E-mail Address: MICHELE.WALKER@SOAVE.COM (To be used for future annual report notices)
Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

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*Rebecca Barth*

Date 1/22/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	YALE LEVIN	3400 E. LAFAYETTE	DETROIT, MI 48207
			S. HAWKES
			JAN 22 A.M.
			EXAMINER

REINSTATEMENT

2013-14

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 608.405, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager*Yale Levin*

Date

1/22/14

Daytime Phone #

313-567-7000

Typed or printed name of signing Managing Member/Manager YALE LEVIN, MANAGER OF FPT FORT MYERS L.L.C.

Division of Corporations

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**LIMITED LIABILITY REINSTATEMENT
FPT FORT MYERS L.L.C.**

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