

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 DEC 20 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 19900000014

1. Limited Liability Company's Name

Monarch Properties of Naples, LLC

REINSTATEMENT 2001

2. Principal Office Address

9240 BONITA BEACH RD

3. Mailing Office Address

SAMC 93 OFFICE

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Zip

34135

Country

USA

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/31/1999

6. FEI Number

59-3545811

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

CT Corporation System

400004735304-6

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

1200 South Pine Island Rd.

-12/21/01--01007--005

****155.00 ****155.00

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

Pamela R. Bristol

Date 12/14/01

REGISTERED AGENT MUST SIGN

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
<u>MBR</u>	<u>Douglas L. LISHMAN</u>	<u>1529 Lexington Drive Dresher PA 19025</u>	<u>Dresher PA 19025</u>
<u>MBR</u>	<u>John Poole</u>	<u>12190 Wellsby Ct</u>	<u>FT Myers FL 33913</u>
<u>MBR</u>	<u>Matthew F. Auman</u>	<u>35 E. Wheeling St.</u>	<u>Baltimore, MD 21230</u>
<u>MBR</u>	<u>Thomas B. Henson</u>	<u>6100 Fairview Rd, Ste. 650</u>	<u>Charlotte, NC 28210</u>

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

Douglas L. Lishman

Date 12/8/01

Daytime Phone # 215-871-5204

Typed or printed name of signing Managing Member/Manager

Douglas L. LISHMAN

CR2E041 (9/01)