

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF THE DEPARTMENT OF STATE
REINSTATEMENT

1. DOCUMENT # M99000000248

Name and Mailing Address

0007157 01 FP 0.352 **PRSR T2 0 0615 22033-380400

12500 FAIR LAKES CIRCLE, SUITE 400
NAPLES INVESTMENT PROPERTIES, L.L.C.
12500 FAIR LAKES CIRCLE, SUITE 400
FAIRFAX VI 22033-3804

100009495361
12/12/02--01127--001 **155.00



FILED

02 DEC 13 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address 4651 Gulf Shore Blvd. N. apt. 1106 City, State, Zip Naples, Florida 34103		4. State/Country of Formation VI	
Principal Place of Business 12500 FAIR LAKES CIRCLE, SUITE 400 FAIRFAX VI 22038		5. Date Organized or Qualified To Do Business in Florida 02/22/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 54-1927986 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Duane W. Beckhorn Street Address (P.O. Box Number is Not Acceptable) 4651 Gulf Shore Blvd N, Apt 1106 Naples, Florida City FL Zip Code 34103	
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10. 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 **Duane W. Beckhorn** Date **Dec 10, 2002**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PETERSON, MILTON V	12500 FAIR LAKES CIRCLE, SUITE 400	FAIRFAX VI 22038
MGR	HAZEL, JOHN T JR.	3710 PATRIVIEW PARK DRIVE, SUITE 1400	FALLS CHURCH VA 22042
MGR	SMITH, WILLIAM	12500 FAIR LAKES CIRCLE, SUITE 400	FAIRFAX VI 22033
MGRM	Duane W. Beckhorn	4651 Gulf Shore Blvd. N. Naples, Florida	apartment 1106 34103
REINSTATEMENT 2002			

12. 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 **Duane W. Beckhorn** Date **Dec 10, 02** Daytime Phone # **239 213 0174**

Typed or printed name of signing Managing Member/Manager