

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

DOCUMENT # M9900001398

1. Limited Liability Company's Name

Blackacre Naples I, LLC

**REINSTATEMENT 2000**

2. Principal Office Address

3. Mailing Office Address

450 Park Avenue

450 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29<sup>th</sup> Floor

29<sup>th</sup> Floor

City & State

City & State

New York, New York

New York, New York

Zip

Country

Zip

Country

10022

10022

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

11/15/00

6. FEI Number

13-4003980

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

Lexis Document Services

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

3953 W. W. Kelley Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

C. Woodlyard, as agent, LDS  
REGISTERED AGENT MUST SIGN

Date

11-22-00

**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>Mgr</u>	<u>Blackacre Capital Partner, LP</u>	<u>450 Park Avenue 29<sup>th</sup> Floor</u>	<u>New York, New York 10022</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

[Signature]

Date

11/20/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2ED41 (9/99)