

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 9:48

DOCUMENT # M99000001634

1. Limited Liability Company's Name

NRI-CKT FORT MYERS, I, L.L.C.

100055369651
05/28/05--01035--006 **200.00

2. Principal Office Address

870 111th AVE N

Suite, Apt. #, etc.

Suite 1

City & State

Naples FL

Zip
34108

Country
USA

3. Mailing Office Address

870 111th AVE N

Suite, Apt. #, etc.

Suite 1

City & State

Naples FL

Zip
34108

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0907919

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

ALAN SCHIFFMAN

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

870 111th AVE N

Suite, Apt. #, Etc.

Suite 1

City

Naples

State

FL

Zip Code

34108

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/31/05

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
MEMBER	FMP I, LLC	870 111th Ave. N., Ste 1	Naples, FL 34108

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

3/31/05

Daytime Phone

239-597-2666

Typed or printed name of signing Managing Member/Manager