

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
2001-2004

FILED
04 JUN -3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700037631517
06/03/04--01006--023 **305.00

DOCUMENT # L00000003680
1. Limited Liability Company's Name
Northwind LLC

2. Principal Office Address 138 Chilian Avenue		3. Mailing Office Address 138 Chilian Avenue	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Palm Beach, Florida		City & State Palm Beach, Florida	
Zip 33480	Country U.S.	Zip 33480	Country U.S.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **March 31, 2000**

6. FEI Number **06-1580935**

7. CERTIFICATE OF STATUS DESIRED SEE 30.00 APPLICATION INSTRUCTIONS FOR A CERTIFICATE OF STATUS

8. Name and Address of Current Registered Agent

Name **Robert G. Simses**

Street Address (P.O. Box Number is Not Acceptable) **Simses & Associates, P.A., 400 Royal Palm Way**

Suite, Apt. #, Etc. **Suite 304**

City **Palm Beach** State **FL** Zip Code **33480**

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]* Date **6/2/04**

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
MGRM	Richard E. Segerson	138 Chilian Avenue	Palm Beach, Florida 33480

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 608.408, 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 **6-2-04** Daytime Phone # **561-855-0620**

Typed or printed name of signing Managing Member/Manager **Richard E. Segerson**

CR12041 (10/02)

CB