


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 16 AM 8:53

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000026065

1. Limited Liability Company's Name
924 Allamanda LLC

2. Principal Office Address 1460 South Ocean Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 1460 South Ocean Boulevard Suite, Apt. #, etc.	
City & State Manalapan, FL Zip 33462 Country USA		City & State Manalapan, FL Zip 33462 Country USA	

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
10/03/2002

6. FEI Number
20-0742676

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name
Paul Roiff

Street Address (P.O. Box Number is Not Acceptable)
1460 South Ocean Boulevard

Suite, Apt. #, Etc.

City
Manalapan

State
FL

Zip Code
33462

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11/16/05--01045--010 **150.00

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 _____ Date **10-28-05**

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
MGR	Paul Roiff	1460 South Ocean Boulevard	Manalapan, FL 33462

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 _____ Date **10-28-05** Daytime Phone # **561-281-5337**

Typed or printed name of signing Managing Member/Manager **Paul Roiff**

REINSTATEMENT 2005