

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

06 OCT 31 PM 4:42

DOCUMENT # LD4000075252  
1. Limited Liability Company's Name  
CONTINENTAL VENTURE REALTY OF FLORIDA, LLC

CR2E041 (8/05)

2. Principal Office Address <b>540 MYRTLE ROAD</b>		3. Mailing Office Address <b>PO BOX 430</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>PLAINVIEW, NY</b>	
Zip <b>34108</b>	Country <b>US</b>	Zip <b>11803</b>	Country <b>US</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/18/2004</b>	
6. FEI Number <b>20-1877705</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <b>JANE GOL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>540 MYRTLE ROAD</b>	
Suite, Apt. #, Etc.	
City <b>NAPLES</b>	State Zip Code <b>FL 34108</b>

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 *Jane Gol* Date 10/20/06  
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	JANE GOL	777 OLD COUNTRY RD - SUITE 204	PLAINVIEW, NY 11803

**REINSTATEMENT** 2005-06

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 *Jane Gol* Date 10/19/06 Daytime Phone# \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager Jane Gol