


07 DEC -6 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000010980 1. Limited Liability Company's Name 1606 EAST JEFFERSON, LLC			
2. Principal Office Address - No P.O. Box # 413 Prairie Lake Drive		3. Mailing Office Address 413 Prairie Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fern Park, FL		City & State Fern Park, FL	
Zip 32730	Country USA	Zip 32730	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 02/02/2005			
6. FEI Number 432074062		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			
B. Name and Address of Current Registered Agent Name Michael P. Piumelli Street Address (P.O. Box Number is Not Acceptable) 413 Prairie Lake Drive Suite, Apt. #, Etc. City Fern Park			
		State FL	Zip Code 32730
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: <i>[Signature]</i> Date: 12/5/07 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	Hubcorp, LLC	100 Ocean Way	Vero Beach, FL 32963
REINSTATEMENT 2007			
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: <i>[Signature]</i> Date: 12/5/07 Daytime Phone #: 407.468.0767 Typed or printed name of signing Managing Member/Manager: Michael P. Piumelli			

PK

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100112912331

CR2E041 (1/07)



CORPORATION SERVICE COMPANY

L05000010980

ACCOUNT NO. : 072100000032

REFERENCE : 348463 4305390

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 150

ORDER DATE : December 6, 2007

ORDER TIME : 1:18 PM

ORDER NO. : 348463-005

CUSTOMER NO: 4305390

DOMESTIC FILINGS

NAME: 1606 EAST JEFFERSON, LLC

[Handwritten Initials]

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS _____

RECEIVED
07 DEC - 6 PM 2:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC - 6 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA