

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 DEC -9 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700138695357
12/08/08--01053--003 **138.75

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD6000032947**

1. Limited Liability Company's Name
PINE ISLAND PLAZA, LLC

2. Principal Office Address - No P.O. Box # 28 MARSALA WAY		3. Mailing Office Address 28 MARSALA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPA CA		City & State NAPA CA	
Zip 94558	Country USA	Zip 94558	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
MARCH 2006

6. FEI Number
76-0841589

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

8. Name and Address of Current Registered Agent

Name
MICHAEL RUPPRECHT

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

Suite, Apt. #, Etc.
D

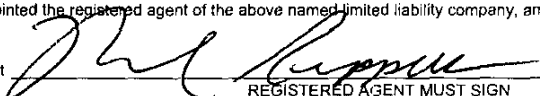
City
PALM BEACH GARDENS, FL

State
FL

Zip Code
33410

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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


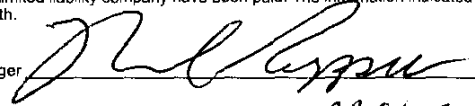
REGISTERED AGENT MUST SIGN

Date
11-30-08

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
	MICHAEL RUPPRECHT	414 SAVOIE DR	PALM BEACH GARDENS FL 33410
			400137013504
			10-11-08 01622007
			10 238.75
			REINSTATEMENT
			07.08

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
11-30-08

Daytime Phone #
510-918-3324

Typed or printed name of signing Managing Member/Manager
MICHAEL RUPPRECHT

NOTE: #238 on file
Enclosed \$138.75