

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
L00000009995
LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT -3 AM 10:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

900023550319
10/03/03--01082--009 **150.00

DOCUMENT # **L00000009995**
1. Limited Liability Company's Name
EQUISHARE REALTY & FINANCE, L.L.C.

2. Principal Office Address 7946 GLEN ABBEY CIR Suite, Apt. #, etc.		3. Mailing Office Address 7946 GLEN ABBEY Suite, Apt. #, etc.	
City & State ORLANDO, FL Zip 32819 Country USA		City & State ORLANDO, FL Zip 32819 Country USA	

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 8/17/00	
6. FEI Number 59-3666435	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 KERRY L. DUPUIS		
Street Address (P.O. Box Number is Not Acceptable) 7946 GLEN ABBEY CIR		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32819

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 **Kerry Dupuis** Date **9/30/03**
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
VP	DANIEL P. NATOLI	7946 GLEN ABBEY CIR	ORLANDO, FL 32819
S	JOHN V. NATOLI	11232 SCENIC VIEW	ORLANDO, FL 32821

REINSTATEMENT 2003

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 **Daniel P. Natoli** Date **9/30/03** Daytime Phone # **407-903-0544**
Typed or printed name of signing Managing Member/Manager **DANIEL P. NATOLI**

CR2E041 (10/02)