

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012760 1. Entity Name RESANTA PROPERTIES, L.L.C.					
Principal Place of Business 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411			Mailing Address 109 LAFAYETTE ST MIU AND CO NEW YORK, NY 10013		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0005321	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M ESQ. FUCHS AND JONES, P.A. 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Signature of agent or person named in registered agent and its representative. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR QUE, CHRISTINE 7 AUDREY COURT TIBURON, CA 94920	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
REINSTATEMENT					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
Christine Que					



10152007 REIN-LLC CR2E101 (1/07)

4. FEI Number
27-0005321

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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Make check payable to
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10. ADDITIONS / CHANGES

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REINSTATEMENT

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