2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L0100003250 1. Entity Name MAIN ST. 1, LLC				DE NOV		TATE		
Principal Place 8675 BLUE NAPLES, FL		Mailing Address 8675 BLUE FLAG WAY NAPLES, FL 34109	<u> </u>	11880311	an azibi #en esht esht eshi	88M 88M8 4M8 1284 8M4 88	I FR I I (M 18 2)	
509	Place of Business - No P.O. Box # S- MAIN STREET	550						
Suite, Apt.	: A	Suite, Apt. #, etc.		1118200		CR2E101 (1/07)		
City & Stat	Pences NM	LAS CRUCE		4. FEI Nun NOT	NPPLICABLE	 	oplied For ot Applicable	
zig SQ	O(USA	Zip 88004	Country USA	5. Certifica	te of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current I	Registered Agent		7. Name a	nd Address of New Re			
LAVIN, CHARLES M JR 8675 BLUE FLAG WAY			<u> </u>	Name (AVIN, Charles M JR Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, I	FL 34109		876	18 TIBUR	on Bluo	Unit A	1-403	
			City	Naples	0.0 15 115	FL 7999		
	named entity submits this statement for tions of registered/agent.	the purpose of changing its re-	gistered office o	r registered agent, or l	ooth, in the State of Flor	ida. I am familiar with,	and accept	
_	ahhle h	را) امرو(ک			11-24	0-05		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. OTE: R	legistered Agent sign	ature required when reinstati	17 1 1 4 S	DATE		
FILI	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$238.75 pary 1, 2009, Fee will be \$377.50	nd title if applicable. NOTE: R	egistered Agent sign	ature required when reinstati	Make	DATE check payable to Department of State	e	
FILI	E NOWIH FEE IS \$238.75		egistered Agent sign	ature required when reinstati	Make	check payable to Department of State	e	
FiLI After Janu	E NOWI!! FEE IS \$238.75 eary 1, 2009, Fee will be \$377.50	RS/MANAGERS		MGRM Michael La 509 S. Maj	Make Florida ADDITIONS/C	check payable to Department of State CHANGES Change	e	
9. IITLE NAME STREET ADDRESS	E NOWILL FEE IS \$238.75 LERY 1, 2009, Fee will be \$377.50 MANAGING MEMBER MGR LAVIN, CHARLES 509 SOUTH MAIN STREET, SUIT	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRM Michael La 509 S. Maj LAS CRUCI	Make Florida ADDITIONS/C	check payable to Department of State CHANGES Change	Addition	
9. ITTLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS	E NOWILL FEE IS \$238.75 LERY 1, 2009, Fee will be \$377.50 MANAGING MEMBER MGR LAVIN, CHARLES 509 SOUTH MAIN STREET, SUIT	RS/MANAGERS (D) Delete	10. HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Michael La 509 S. Maj LAS CRUCI	ADDITIONS/O	CHANGES Change Change	Addition	
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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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/19/08