


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 10:41

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009806

1. Limited Liability Company's Name
SANT'ELIA, LLC

2. Principal Office Address 308 Northlake Blvd.		3. Mailing Office Address 230 Chimney Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Palm Beach, FL		City & State Wilmington, NC	
Zip 33408	Country USA	Zip 28409	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
6/19/01

6. FEI Number
52-2324585

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

B. Name and Address of Current Registered Agent

Name
Roger C. Stanton

Street Address (P.O. Box Number is Not Acceptable)
Ward, Damon & Posner, P.A.

Suite, Apt. #, Etc.
4420 Beacon Circle

City
West Palm Beach

State
FL

Zip Code
33407

REINSTATEMENT 02-05

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: _____ Date: _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

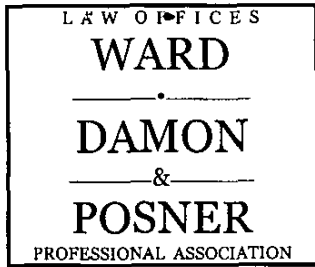
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael Caliva	308 Northlake Blvd.,	North Palm Beach, -FL 33408
Mem	Deborah Caliva	308 Northlake Blvd.	North Palm Beach, FL 33408

600050894266
04/14/05--01010--024 **300.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 3-29-05 Daytime Phone # 910-297-1448

Typed or printed name of signing Managing Member/Manager: Michael Caliva



**4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407**

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*Michael J Posner, Esquire
Board Certified Real Estate Attorney
mjposner@warddamon.com*

April 1, 2005

VIA FEDERAL EXPRESS

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Re: Sant'Elia, LLC

Dear Sir/Madam:

Enclosed please a Florida Limited Liability Reinstatement form for the above referenced limited liability company. Also enclosed is our check in the sum of \$300.00 representing the filing fee of \$100 plus \$50.00 per year the LLC was dissolved since 2002. Please forward proof of reinstatement of this LLC in the self addressed stamped envelope also provided herein for your convenience.

Please feel free to call our office should you have any questions regarding the above. Thank you for your assistance in this matter.

Very truly yours,

Michael J Posner, Esq.

MJP/cz

• Encls.