

L01000015118

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 12 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015118

1. Limited Liability Company's Name:

NOSEWORTHY PROPERTY INVESTMENT, LLC

04

BK

2. Principal Office Address 265 SUNRISE AVE.		3. Mailing Office Address 265 SUNRISE AVE.		4. State/Country of Formation Florida	
Suite, Apt. #, etc. SUITE 204		Suite, Apt. #, etc. SUITE 204		5. Date Organized or Qualified To Do Business in Florida 09/05/2001	
City & State PALM BEACH, FL		City & State PALM BEACH FL		6. FEI Number 651153653	
Zip 33480		County PALM BEACH		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name

DONALD F MINTMIRE, ESQ

Street Address (P.O. Box Number is NOT Acceptable)

265 SUNRISE AVE.

Suite, Apt. #, etc.

SUITE 204

City

PALM BEACH

State

FL

Zip Code

33480

300076253193  
06/16/06--01016--016 \*\*150.00

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

*[Signature]*

Date 6/9/06

REGISTERED AGENT MUST SIGN

by: T. Baez as attorney-in-fact

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
MGRM	ADRIAN LEVENTHORP	ASTON HOUSE PEEL RD.	ISLE OF MAN BRITISH ISLES
MGRM	JAMES CLARKE	1515 SOUTH FLAGLER DR., #2104	WEST PALM BEACH FL 33401

**REINSTATEMENT 2004-2006**

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

*[Signature]*

Date 6/8/2006

Daytime Phone # 212-759-0707

Type or print name of signing Managing Member/Manager

ADRIAN LEVENTHORP, MGRM

by T. Baez as attorney-in-fact

L010000615118

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: NOSEWORTHY PROPERTY INVESTMENT, LLC

Enclosed are the following:

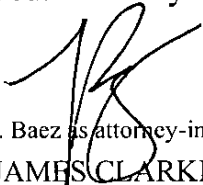
1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:

  
by T. Baez as attorney-in-fact

Name: JAMES CLARKE

Title: MGRM

Date: 6/9/06

