

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016805

1. Limited Liability Company's Name

Vista Del Mar, L.C.

400135649234
09/10/08--01027--001 **516.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 64 South Ocean Blvd. Suite, Apt. #, etc. City & State Delray Beach, FL Zip 33483		3. Mailing Office Address 105 Foulk Road Suite, Apt. #, etc. City & State Wilmington, DE Zip 19803	
Country US		Country US	

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 10/01/2001	
6. FEI Number 65-1140925	<input type="checkbox"/> 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 Donald M. Allison		
Street Address (P.O. Box Number is Not Acceptable) 7601 North Federal Hwy.		
Suite, Apt. #, Etc. 165-A		
City Boca Raton	State FL	Zip Code 33487

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 08/22/2008

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	Louis J. Capano, Jr.	105 Foulk Road	Wilmington / DE / 19803

REINSTATEMENT

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 terminated, 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

9/5/08

Daytime Phone # 302-429-8700

Typed or printed name of signing Managing Member/Manager

Louis J. Capano, Jr.