

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB -9 PH 1:51

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000010052

1. Limited Liability Company's Name

F.I. VILLA LLC
67 ELOVER AVE.
NORWALK, CT 06850

2. Principal Office Address

7653 FISHER ISLAND DR.

Suite, Apt. #, etc.

City & State

FISHER ISLAND, FL

Zip

33409

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

4/26/02

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

800027063588
 02/24/04--01033--031 **50.00

8. Name and Address of Current Registered Agent

Name

JEFFREY LEVEY PA.

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

9157 SOUTH DADWELL BLVD

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

800027063588
 01/16/04--01004--012 **50.00

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]

REGISTERED AGENT MUST SIGN

Date

10/30/03

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
<u>MGRM</u>	<u>JAMES NEFF</u>	<u>7653 FISHER IS. DR.</u>	<u>FISHER ISLAND, FL 33409</u>

REINSTATEMENT 03.04 dec

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 10/30/03

Daytime Phone # 203 856 6628

Typed or printed name of signing Managing Member/Manager

JAMES K. NEFF

CR2E041 (10/02)