


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000010218			
1. Limited Liability Company's Name <b>Ellyson Place, L.L.C.</b> <i>05</i>			
2. Principal Office Address - No P.O. Box # <b>401 Tonawanda Drive</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pensacola, FL</b>		City & State	
Zip <b>32506</b>	Country	Zip	Country
4. State/Country of Formation <b>FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>4-29-02</b>	
6. FEI Number <b>03-0435507</b>		<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 <b>Micki Conti</b> <b>BK</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>401 Tonawanda Drive</b>			
Suite, Apt. #, Etc.			
City <b>Pensacola,</b>		State <b>FL</b>	Zip Code <b>32506</b>
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 <i>Micki Conti</i>		Date <b>1-23-07</b>	
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
<i>mgr</i>	<b>Larry Conti</b>	<b>401 Tonawanda Drive</b>	<b>Pensacola, FL 32506</b>
<i>mgr</i>	<b>Micki Conti</b>	<b>401 Tonawanda Drive</b>	<b>Pensacola, FL 32506</b>
<b>REINSTATEMENT 2005-2007</b>			
<b>100104890361</b>			
<b>06/27/07--01003--002 **50.00</b>			
<b>100104890361</b>			
<b>06/27/07--01003--001 **200.00</b>			
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 <i>Larry Conti</i>		Date <b>1-23-07</b> Daytime Phone # <b>850 4391888</b>	
Typed or printed name of signing Managing Member/Manager <b>MICKI CONTI</b>		<b>LARRY CONTI</b>	