


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -2 AM 11:24

DOCUMENT # L02000018518 1. Entity Name ALVAREZ & PETERS, LLC	
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Principal Place of Business 28 SOUTH 10TH STREET FERNANDINA BEACH, FL 32034	Mailing Address 28 SOUTH 10TH STREET FERNANDINA BEACH, FL 32034
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2. Principal Place of Business - No P.O. Box # 960194 Gateway Blvd Suite, Apt. #, etc. Ste 201	3. Mailing Address Same Same Suite, Apt. #, etc.
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City & State Fernandina Bch Zip 32034	City & State Zip Country Nassau
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6. Name and Address of Current Registered Agent PETERS, ROBERT L 28 SOUTH 10TH STREET FERNANDINA BEACH, FL 32034	7. Name and Address of New Registered Agent Name Robert L Peters Street Address (P.O. Box Number is Not Acceptable) 2626 Countess of Egmont City Fernandina Bch FL Zip Code 32034
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Peters DATE: 11/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, ALEXA 960194 GATEWAY BLVD #201 FERNANIDNA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138347402 12/01/08--01075--007 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERS, ROBERT L 2626 COUNTESS OF EGMONT ST FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>2008</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Peters DATE: 11-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Wednesday, November 12, 2008

Division of Corporations
Attn: Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

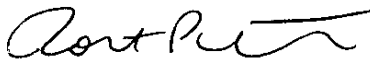
RE: Alvarez & Peters LLC

Dear Sir or Madam:

Enclosed please find our reinstatement form. I understand that it is late. I did not receive the annual renewal notice, perhaps because I was out of the country between June of 2007 and June of 2008, and my mail was not properly forwarded. Please accept my apologies and my check for \$138.75.

Should you have any questions or concerns, please contact my office.

Sincerely,



Robert L. Peters

Encs.