

SECRET
DIVISION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 NOV -6 AM 11:06

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000018887

1. Limited Liability Company's Name

POV INVESTMENTS, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 101-A Business Centre Drive		3. Mailing Office Address 101-A Business Centre Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, Florida		City & State Destin, Florida	
Zip 32550	Country United States of America	Zip 32550	Country United States of America

State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/26/2002	
6. FEI Number 141841470	Applied For 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 William Roark	
Street Address (P.O. Box Number is Not Acceptable) 101-A Business Centre Drive	
Suite, Apt. #, Etc.	
City Destin	State FL
Zip Code 32550	

☐ 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 <i>William Roark</i>	Date 10/25/07
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
Mr.	Point of View, LLC	101-A Business Centre Drive	Destin, Florida 32550

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>Alan M. O'Neal</i>	Date 10-29-07
Typed or printed name of signing Managing Member/Manager ALAN M. O'NEAL	
Daytime Phone # 850-269-2678 850-269-0631	