

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

LO2 0000 18887

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 100023766881 10/13/03--01096--024 **150.00

DOCUMENT #

LO2 0000 18887

1. Limited Liability Company's Name

POV Investments, LLC

2. Principal Office Address

4507 Furling Lane

Suite, Apt. #, etc.

Suite 111

City & State

Destin, Florida

Zip 32541

Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

7/26/02

6. FEI Number

14-1841470

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Amy A. Perry, Esq.

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

4477 Legendary Drive

Suite, Apt. #, Etc.

Suite 202

City

Destin

State

FL

Zip Code

32541

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 9/30/03

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
MAN	Point of View, LLC	1390 Sunset Beach Dr.	Niceville, FL 32578

REINSTATEMENT 2003

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

Point of View, LLC [Handwritten Signature]

Date 9/30/03

Daytime Phone #850-585-1711

By: Alan M. O'Neal Its: Managing Member

Typed or printed name of signing Managing Member/Manager

Point of View, LLC, By: Alan M. O'Neal

Its: Managing Member.

CR2EN41 (1/10/02)