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FILED

03 OCT -2 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000023353

1. Limited Liability Company's Name

Corinthian Plaza, LLC

2. Principal Office Address		3. Mailing Office Address	
847 N. Collier Blvd.		847 N. Collier Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Marco Island, FL		Marco Island, FL	
Zip	Country	Zip	Country
34145	USA	34145	USA

4. State/Country of Formation	FL/USA
5. Date Organized or Qualified To Do Business in Florida	9/10/02
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Jamie Greusel

Street Address (P.O. Box Number is Not Acceptable)
1104 N. Collier Blvd.

Suite, Apt. #, Etc.


City
Marco Island

State
FL

Zip Code
34145

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10/02/03--01059--017 **151.00

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  Date 9/30/03

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
MGRM	Daniel Dufault, Sr	847 N. Collier Blvd.	Marco Island, FL 34145
MGR	Daniel Dufault, Jr.	847 N. Collier Blvd.	Marco Island, FL 34145

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  Date 9/30/03 Daytime Phone # (239) 394-8778

Typed or printed name of signing Managing Member/Manager DANIEL J DUFAULT, SR