



## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:23

<b>DOCUMENT # L02000033632</b> 1. Entity Name <b>NORTH ISLAND LLC</b>		
Principal Place of Business <b>4698 S.W. HAMMOCK CREEK DRIVE PALM CITY, FL 34990</b>		Mailing Address <b>4698 S.W. HAMMOCK CREEK DRIVE PALM CITY, FL 34990</b>
2. Principal Place of Business <b>4100 N Hwy A1A Suite, Apt. #, etc. #413</b>	3. Mailing Address <b>4100 N Hwy A1A Suite, Apt. #, etc. #413</b>	 07212005 REIN-LLC CR2E101 (6/04)
City & State <b>Fort Pierce FL</b>	City & State <b>Fort Pierce FL</b>	4. FEI Number <b>92-0188775</b>
Zip <b>34949</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>GOCOOL, BISHNUDATT F 4698 S.W. HAMMOCK CREEK DRIVE PALM CITY, FL 34990 4100 N HIGHWAY A1A, #413 FORT PIERCE FL 34949</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>REINSTATEMENT 04-05</b>  <b>REINSTATEMENT</b> </div> City <b>FL</b> Zip Code
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: <u>B.F. Good</u> DATE: <u>7/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE <b>MGR</b>	NAME <b>GROCOOL, BISHNUDATT</b>	TITLE <b>MGR</b>
STREET ADDRESS <b>4698 SW HAMMOCK CREEK DR</b>	CITY - ST - ZIP <b>PALM CITY, FL 34990</b>	NAME <b>GOCOOL, BISHNUDATT</b>
CITY - ST - ZIP <b>PALM CITY, FL 34990</b>	CITY - ST - ZIP <b>4100 N Hwy A1A #413 FORT PIERCE FL 34949</b>	STREET ADDRESS <b>4100 N Hwy A1A #413</b>
CITY - ST - ZIP <b>PALM CITY, FL 34990</b>	CITY - ST - ZIP <b>4100 N Hwy A1A #413 FORT PIERCE FL 34949</b>	CITY - ST - ZIP <b>4100 N Hwy A1A #413 FORT PIERCE FL 34949</b>
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CITY - ST - ZIP <b>PALM CITY, FL 34990</b>	CITY - ST - ZIP <b>4100 N Hwy A1A #413 FORT PIERCE FL 34949</b>	CITY - ST - ZIP <b>4100 N Hwy A1A #413 FORT PIERCE FL 34949</b>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>B.F. Good</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>7/25/05</u> (TR) 2156421 <small>Date Daytime Phone #</small>