

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002819
1. Limited Liability Company's Name
Del Circo Pointe Plaza, LLC

2. Principal Office Address - No P.O. Box # 1111 Avenida Del Circo		3. Mailing Office Address P.O. Box 2251	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, FL		City & State Venice, FL	
Zip 34285	Country USA	Zip 34284-2251	Country USA

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 01/23/2003
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 **Harvey Wasserman**

Street Address (P.O. Box Number is Not Acceptable) **1111 Avenida Del Circo**

Suite, Apt. #, Etc.

City **Venice** State **FL** Zip Code **34285**

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: *[Signature]* Date **4/19/07**

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Steven J. Wasserman	1111 Avenida Del Circo	Venice, FL 34285

REINSTATEMENT 04-07

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: *[Signature]* Date **4/19/07** Daytime Phone # **941-484-8222**

Typed or printed name of signing Managing Member/Manager: **Steven J. Wasserman**