

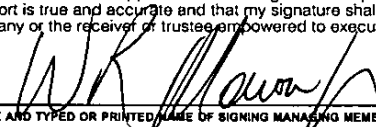


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB -8 AM 9:06

<b>DOCUMENT # L03000013465</b> 1. Entity Name VINOE, LLC					
Principal Place of Business 580 SHERRY DRIVE ATLANTIC BEACH, FL 32233			Mailing Address 580 SHERRY DRIVE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 822 AIA North Suite, Apt. #, etc. Suite 105 City & State Ponte Vedra Beach FL Zip 32082		3. Mailing Address "Same" Suite, Apt. #, etc. City & State Zip Country			
02012006 REIN-LLC CR2E101 (11/05)				4. FEI Number 02-0685421	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MORROW, WILLIAM R JR 2963 DUPONT AVENUE, STE. 1 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. Ste 2400 City Jacksonville FL Zip Code 32207		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOE, PHILIP 10562 SCOTT MILL ROAD JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000066209180 02/20/06--01059--013 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOE, D. SCOTT 580 SHERRY DRIVE JACKSONVILLE, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4446 Kernan Parkway East Jacksonville FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			21-2006 904-396-4015		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		