PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.													
С	ED LIAB OMPAN' STATEM	1		FLORIDA S			SECILE	05 AUG					
DOCUMENT # L03000019220 1. Limited Liability Company's Name Marina Village Unit 1209 LLC										JARY OF SLANDA	31 AM 11:59		
	I Office Addre	-		_	3. Mailing Office Address								
	100 SNOWFLAKE RD.			100 SNOWFLAKE RD. Suite, Apt. #, etc.				4. State/Country of Formation FLORIDA					
Outo, Apt. #	a, Apt. #, etc. Suite, Apt. #				etc.			5. Date Organized or Qualified To Do Business in Florida 05/28/2003					
City & State	·							6. FEI Number Applied For					
	INGDON VALLEY, PA		LEY, PA	 		N VALLEY, PA		OT TETROIDE				t Applicable	
^{Zip} 19006		Country USA		zip 19006		USA		7. CERTIFICATE	OF STATU		Additional a Certificate	Fee required e of Status	
	8. Name and Address of Current Registered Agent												
	Name CORPORATE CREATIONS NETWORK INC.												
	Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FA								#22	1E		1	
	Suite, Apt. #, Etc.									•••		1	
	City PALM BEACH GARDENS							State FL	Zip Code 33410				
9. I, being appointed the registered agent of the above named limited liability corporate and accept the obligations of Chapter 608, F.S. Signature of Pagistered Agent Pagistered Pagistered Agent Pagistered								2005					
Registered Agent									Date				
10. Name	s and Street /	ddresses	of Managing Men	bers/Managers									
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip						
MGR	WILLIAM GUZMAN				100 SNOWFLAKE RD.				HUNTINGDON VALLEY, PA 19006				
							<u>.</u> .						
	PEINSTATEMENT 2004-2 GUS												
					<i>5</i> 082	PRACE PROPER		00.70	7 (OF)593821 -01014001	<u> </u>	ייי פס	
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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 M	f //ember/Mana	ger		\A/II	·	Date_				none#_305-672-0	686		

L03000019220

Florida Department of State Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Marina Village Unit 1209 LLC

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$105.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004 and 2005	
Please waive the late filing fee and treat the codissolved. Thank you.	ompany as never being administratively
By: by K. Sarria as attorney-in-fact	h.