


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000019395			
1. Limited Liability Company's Name Marina Village Unit 1005 LLC			
2. Principal Office Address 100 SNOWFLAKE RD. Suite, Apt. #, etc.		3. Mailing Office Address 100 SNOWFLAKE RD. Suite, Apt. #, etc.	
City & State HUNTINGDON VALLEY, PA		City & State HUNTINGDON VALLEY, PA	
Zip 19006	Country USA	Zip 19006	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 05/29/2003	
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 CORPORATE CREATIONS NETWORK INC.			
Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD., #221E			
Suite, Apt. #, Etc.			
City PALM BEACH GARDENS		State FL	Zip Code 33410

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 Karla Sarria **VP Corporate Creations** Date August 30, 2005

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
MGR	WILLIAM GUZMAN	100 SNOWFLAKE RD.	HUNTINGDON VALLEY, PA 19006

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 William Guzman Date 8/30/2005 Daytime Phone # 305-672-0686

Typed or printed name of signing Managing Member/Manager WILLIAM GUZMAN By: Karla Sarria as attorney in fact

FILED
05 AUG 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

REINSTATEMENT 2004-2005
MTC

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CR20041 (10/02)

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Florida Filing & Search Services
1333 North Duval Street
Tallahassee, FL 32303

Re: Marina Village Unit 1005 LLC

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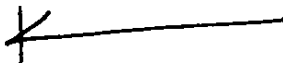
Enclosed are the following:

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 company as never being administratively dissolved. Thank you.

By: 
by K. Sarria as attorney-in-fact

Name: William Guzman

Title: Manger

Date: 8/30/2005

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