


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED 1

2004 NOV 12 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000030282</b> 1. Entity Name WYNDALE ASSOCIATES OF FLORIDA, LLC	
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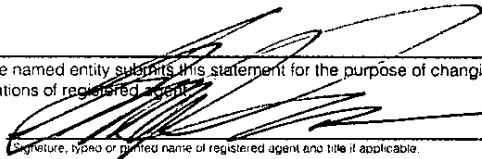
Principal Place of Business 1615 GULF WAY ST PETERSBURG BEACH, FL 33706	Mailing Address 1615 GULF WAY ST PETERSBURG BEACH, FL 33706
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2. Principal Place of Business 3632 W. Cypress St. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 3632 W. Cypress St. <small>Suite, Apt. #, etc.</small>
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City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>		
Zip 33607	Country Hillsborough	Zip 33607	Country Hillsborough

6. Name and Address of Current Registered Agent  CALOMIRIS, GEORGE P 1615 GULF WAY ST PETERSBURG BEACH, FL 33706	7. Name and Address of New Registered Agent Name <b>George P. Calomiris</b> Street Address (P.O. Box Number is Not Acceptable) <b>3632 W. Cypress Street</b>  City <b>Tampa,</b>
State <b>FL</b>	
Zip Code <b>33607</b>	

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  **George P. Calomiris**      11/04/2004

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES																
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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:  **George P. Calomiris**      11/04/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Mo/Year



10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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