

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 15 AM 9:21

DOCUMENT # L 03000036909

1. Limited Liability Company's Name

Alexander Carbonell Group, LLC

900082583553  
12/10/05 01005 -005 \*\*100.00

2. Principal Office Address

380 S. SR 434

Suite, Apt. #, etc.

1004-345

City & State

Altamonte Springs FL

Zip

32714

Country

USA

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

← Same

City & State

← Same

Zip

← Same

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida / Orange

5. Date Organized or Qualified To Do Business in Florida

10/2/03

6. FEI Number

77-0609553

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Geysel Monte Negro

Street Address (P.O. Box Number is Not Acceptable)

1132 Park Green Place

Suite, Apt. #, Etc.

City

Winter Park

State  
**FL**

Zip Code

32789

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

12/12/04

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
VP	Alexander Carbonell	1132 Park Green Place	Winter Park FL 32789

REINSTATEMENT 05-06

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

12/12/04

Daytime Phone #

407-522-8826

Typed or printed name of signing Managing Member/Manager