


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000040621	
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1. Entity Name POJOPA, LLC	Principal Place of Business 328 EAST NEW YORK AVENUE DELAND, FL 32724	Mailing Address 328 EAST NEW YORK AVENUE DELAND, FL 32724
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012007 REIN-LLC CR2E101 (1/07)

4. FEI Number 73-1683223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOCCAROSSA, PIERO 2570 JETSKE CIR, # B ORANGE CITY, FL 32763	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Piero Boccarossa</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE <u>3-1-07</u>
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOCCAROSSA, PIERO 2570 JETSKE CIR, # B ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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03/07/07--01035--017 **200.00

REINSTATEMENT 06-07

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: <u>Piero Boccarossa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3-1-07</u>	DAYTIME PHONE # <u>386 8130083</u>
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