
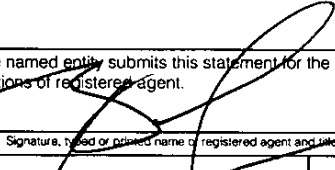
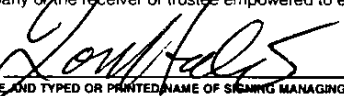


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 OCT 26 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |  |
|---|--|--|--|
| DOCUMENT # L04000011022   |  |   |  |
| 1. Entity Name<br>MANCHESTER, LLC   |  |  |  |
| Principal Place of Business<br>304 CORONADO<br>PANAMA CITY BEACH, FL 30736 US   |  | Mailing Address<br>304 CORONADO<br>PANAMA CITY BEACH, FL 30736 US  |  |
| 2. Principal Place of Business<br>399 SAILFISH ISLE<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>399 SAILFISH ISLE<br>Suite, Apt. #, etc.   |  |
| City & State<br>FOSTER CITY CA  |  | City & State<br>FOSTER CITY CA   |  |
| Zip<br>94404  | Country<br>USA   | Zip<br>94404   | Country<br>USA   |
| 4. FEI Number<br>20-732194  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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.<br>SIGNATURE  Brian Courtney<br>Asst. V. Pres.<br>(NOTE: Registered Agent signature required when reinstating) DATE 10/25/05  |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2006, Fee will be \$200.00  |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HALPIN, THOMAS SR.<br>304 CORONADO<br>PANAMA CITY BEACH, FL 30736 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HALPIN THOMAS<br>399 SAILFISH ISLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SHORELINE INSURANCE COMPANY LIMITED<br>P. O. BOX 116<br>ROAD TOWN, VI 00000 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GENCIC CORP<br>399 SAILFISH ISLE<br>FOSTER CITY CAL 94404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 300060748653<br>10/26/05--01005--001 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:  THOMAS HALPIN  |  | Date 10/24/05 GSO 7426490  |  |



CORPORATION SERVICE COMPANY

L040000011022

ACCOUNT NO. : 072100000032

REFERENCE : 671595 7380615

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 25, 2005

ORDER TIME : 5:13 PM

ORDER NO. : 671595-005

CUSTOMER NO: 7380615

DOMESTIC FILINGS

NAME: MANCHESTER, LLC

FILED  
05 OCT 26 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS \_\_\_\_\_