
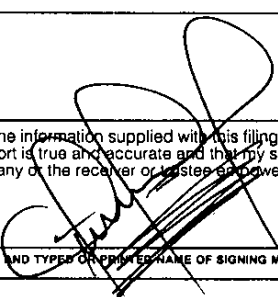


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 10:09

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L04000017973</b><br>1. Entity Name<br>ALAQUA 636, LLC  |  |  |   |           |  |
| Principal Place of Business<br>318 INDIAN TRACE<br>177<br>WESTON, FL 33326 US  |  |  | Mailing Address<br>318 INDIAN TRACE<br>177<br>WESTON, FL 33326 US   |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |  |  |
| City & State   |  | City & State   |   |  |  |
| Zip  | Country  | Zip  | Country   |  |  |
|  |  | 02032006 REIN-LLC  |   | CR2E101 (11/05)  |  |
| 4. FEI Number  |  |  |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |   | \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent   |  |  |
| NORIEGA, JOSE G<br>318 INDIAN TRACE<br>177<br>WESTON, FL 33326   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;">FL Zip Code</div> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | <b>Make check payable to<br/>Florida Department of State</b>                               |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>NORIEGA, JOSE G<br>318 INDIAN TRACE # 177<br>WESTON, FL 33326 | <input type="checkbox"/> Delete  |   |  |  |
| 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"/> Delete  |   |  |  |
| 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"/> Delete  |   |  |  |
| 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"/> Delete  |   |  |  |
| 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"/> Delete  |   |  |  |
| 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  | 000070460300<br>04/14/06--01041--016 **100.00  |   |  |  |
| SIGNATURE:    |  | 2/3/06   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |  |  |