


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 JUN 23 PM 1:46 STATE OF FLORIDA									
DOCUMENT # <u>LD4000024879</u>													
1. Limited Liability Company's Name <u>PUNTA DORADA PHASE IV LLC</u>													
2. Principal Office Address - No P.O. Box # <u>5961 CATESBY ST.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5961 CATESBY ST.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA, U.S.</u>									
City & State <u>Boca Raton, FL</u>		City & State <u>Boca Raton, FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>4-1-2004</u>									
Zip <u>33433</u>	Country <u>U.S.</u>	Zip <u>33433</u>	Country <u>U.S.</u>	6. FEI Number <u>200941639</u>	Applied For <input type="checkbox"/> Not Applicable								
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status									
8. Name and Address of Current Registered Agent Name <u>MORELLA O'DONNELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>5961 CATESBY ST.</u> Suite, Apt. #, Etc. City <u>Boca Raton</u> State <u>FL</u> Zip Code <u>33433</u>													
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 <u>[Signature]</u> Date <u>6-2-10</u> REGISTERED AGENT MUST SIGN													
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>HQM</td> <td>MORELLA O'DONNELL</td> <td>5961 CATESBY ST.</td> <td>Boca Raton, FL 33433</td> </tr> </tbody> </table>						Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	HQM	MORELLA O'DONNELL	5961 CATESBY ST.	Boca Raton, FL 33433
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip										
HQM	MORELLA O'DONNELL	5961 CATESBY ST.	Boca Raton, FL 33433										
REINSTATEMENT <u>2008-10</u>				EXAMINER <u>S. HAWKES</u> <u>JUN 09 2010</u>									
11. E-mail Address: <u>MORELLA1@MAC.COM</u>													
12. 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 605.406, 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 <u>[Signature]</u> Date <u>6-2-10</u> Daytime Phone # <u>561-394-5254</u> Typed or printed name of signing Managing Member/Manager: <u>MORELLA O'DONNELL</u>													



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2010

PUNTA DORADA PHASE IV LLC
5961 CATESBY ST
BOCA RATON, FL 33433

SUBJECT: PUNTA DORADA PHASE IV, LLC
Ref. Number: L04000024879

We have received your document for PUNTA DORADA PHASE IV, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00014292