

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025429

FILED
May 24, 2006
Secretary of State

Entity Name: BONITARE, L.L.C.

Current Principal Place of Business:

1613 ORCHID BLVD, STE 201
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1613 ORCHID BLVD, STE 201
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTIN, DOUGLAS G
1613 ORCHID BLVD, STE 201
CAPE CORAL, FL 33904 US

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.

SIGNATURE: DOUGLAS G. MARTIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MARTIN, DOUGLAS G
Address: 1613 ORCHID BLVD, STE 201
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ENTRUST ADMINISTRATI, ON FBO DAVID A IRWIN
Address: 555 12TH ST, STE 1250
City-St-Zip: OAKLAND, CA 94607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS G. MARTIN

MGRM

05/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date