



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 16 AM 9:39

<b>DOCUMENT # L04000030486</b> 1. Entity Name <b>POINCIANA O-4, LLC</b>					
Principal Place of Business <b>1257 COOPER DR NAPLES, FL 34103</b>				Mailing Address <b>1257 COOPER DR NAPLES, FL 34103</b>	
2. Principal Place of Business <b>698 Regatta Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>698 Regatta Court</b> Suite, Apt. #, etc.			
City & State <b>Naples, Florida</b> Zip <b>34103</b>		City & State <b>Naples, Florida</b> Zip <b>34103</b>		4. FEI Number <b>08302006 REIN-LLC CR2E101 (11/05)</b>	
Country <b>Collier</b>		Country <b>Collier</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOWIE, RAYMOND J ESQ 900 SIXTH AVE SOUTH, #104 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, MARK <del>1257 COOPER DR</del> <del>NAPLES, FL 34103</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tomasi, Mark 698 Regatta Court Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, MARK <del>1257 COOPER DR</del> <del>NAPLES, FL 34103</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, MARK 698 Regatta Court Naples, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMASI, MARK 698 Regatta Court Naples, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Mark Tomasi</u> <u>6/12/06</u> <u>239 821 1788</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					