


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000036877		
1. Entity Name FLORIDA & OVERSEAS PROPERTIES, LLC		

Principal Place of Business 9286 N. CHELSEA DRIVE PLANTATION, FL 33324	Mailing Address 9286 N. CHELSEA DRIVE PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10923 NW 18 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PLANTATION FL	
Zip	Country	Zip 33322	Country BROWARD

10192007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1121116	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD. 602 FORT LAUDERDALE, FL 33304
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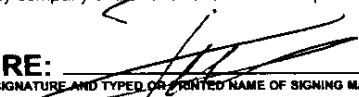
7. Name and Address of New Registered Agent	
Name PATRICK VIVIES CPA	
Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BEACH BLVD.	
City DANIA	Zip Code 33004

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 	DATE 10/10/07

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONDRILLE, FRANCK 9286 CHELSEA DRIVE PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CICO, BENEDETTO 201 STUYVESANT DRIVE SAN ANSELMO, CA 94960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111300547 10/24/07--01047--013 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: 	DATE 10/10/07 Daytime Phone # 954-577-2611

FILED

2007 OCT 24 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

