

L04000038817

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

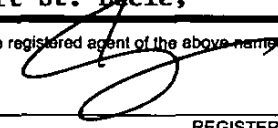
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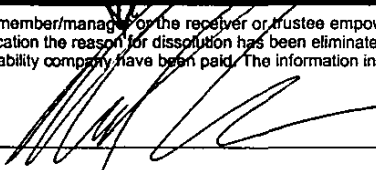
LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000038817			
1. Limited Liability Company's Name PRIMA VISTA COMMONS, LLC, a Florida limited liability company			
2. Principal Office Address 2969 Whitney Avenue Suite, Apt. #, etc. 302 City & State Hamden, CT Zip 06518		3. Mailing Office Address (Same) Suite, Apt. #, etc. City & State Zip Country USA	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 05/21/2004	
6. FEI Number 06-1395172	<input type="checkbox"/> 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 Stephen Navaretta, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1100 SW St. Lucie West Blvd.	
Suite, Apt. #, Etc. 302	
City Port St. Lucie,	07/25/06 01031-000 **200.00 State FL Zip Code 34986

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 	Date 7/14/06
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mark Engengro, Sr.	2969 Whitney Avenue, #302	Hamden, CT 06518
MGR	Leonard Meyers	7485 Bondsberry Court	Boca Raton, FL 33404
MGR	Kenneth Ginsberg	377 Main Street	Wes Haven, CT 06516
REINSTATEMENT 2005-2006			

11. 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 608.406, 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 	Date 7/17/06
Daytime Phone # 203-230-0106	
Typed or printed name of signing Managing Member/Manager Mark Engengro, Sr.	