

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000039927</b> 1. Entity Name VILLAGE KORNER, LLC				 <b>FILED</b> OCT 16 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5263 OCEAN BLVD, SARASOTA, FL 34242			Mailing Address C/O MARVIN KAGAN 115 EAST 57TH STREET NEW YORK, NY 10022		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		10052007 REIN-LLC CR2E101 (1/07)  4. FEI Number 16-1702195	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ARD,SHIRLY & HARTMAN, P.A. 207 WEST PARK AVENUE STE. B TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAGAN, MARVIN 5263 OCEAN BLVD. SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	700110588807 10/10/07--01041--016 **\$5.00	
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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.					
<b>SIGNATURE:</b> <i>Marvin Kagan</i> <b>MARVIN KAGAN, Member 10/5/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					