

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000053542

**FILED**  
**Nov 05, 2005**  
**Secretary of State**

**Entity Name:** BONIFACE REVERSE LLC

**Current Principal Place of Business:**

6440 WINGED FOOT DRIVE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

6440 WINGED FOOT DRIVE  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
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:**

RUTLAND, LEONARD JR., ESQ  
759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART, FL 34994 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: LEONARD RUTLAND, JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORIDA EXCHANGE COR, PORATION IV  
Address: 1900 N.W. CORPORATE BLVD., #201-E, E. BLDG  
City-St-Zip: STUART, FL 34994

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MR ( ) Change (X) Addition  
Name: JOHN, VANCE A  
Address: 12 WENDY LANE  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN A VANCE

MR

11/05/2005

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