2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L04000056582 1. Entity Name					7 0	IVIŠICI.	THE STATE	e
PAUKER, L	LC)		Ai111: 02		
Principal Place o		_						
3777 TAMIAMI NAPLES, FL 34		3777 TAMIAMI TRAIL NORTH NAPLES, FL 34103						
1474 LL3,1 L 31	1011 020, 12 34103				II BERT BIBIK BOMA KOMA SE	III AAISI BIIIN AMAN AMAN IKK	I MACALIN ICA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082006	REIN-LLC	CR2E101 (11/0	5)
City & State		City & State		4. FEI Numb	oer 103809	<u> </u>	Applied For Not Applicable	
Zip	Country Zip		Coun	try	5. Certificate of Status Desired			
	6. Name and Address of Current R	egistered Agent Name		7. Name and Address of New Registered Agent				
JONES, RICHARD M					(D.O. Dav. N		-\	
850 CENTRA NAPLES, FL	AL AVENUE, STE. 205 . 34102			Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE								
	gnature, typed or prented name or registered agent ar	о ше и аррисаом. (жот	E: Register	ad Agent signature red	Inited Atlant terustratul		DATE	
FILE NOWI!! FEE IS \$100.00 In accordance with s. 607.19 liability company did not receive						1	te check payable to a Department of St	
9.	MANAGING MEMBER		10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS		
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STREET ANDRESS CITY-ST-4'P		•	1	eet address '-st-zip				
11 I hereby cer	rtify that the information supplied with	this filing does not qualify for	r the exe	motions containe	ed in Chapter 119), Florida Statutes. I t	urther certify that the	nformation
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.								
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SIGNATURE: ACCUMENTATION AND CONTROL OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone . Dayling Phone .								