

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065516

**FILED**  
**Nov 04, 2005**  
**Secretary of State**

**Entity Name:** MUSTO INVESTORS II, L.L.C.

**Current Principal Place of Business:**

1401 WATER LILLY LANE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1409 WATER LILLY LANE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1401 WATER LILLY LANE  
KISSIMMEE, FL 34744

**New Mailing Address:**

1409 WATER LILLY LANE  
KISSIMMEE, FL 34744

**FEI Number:** 20-3734392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

SHARP, DUDLEY Q JR ESQ  
369 N. NEW YORK AVE., 3RD FLOOR  
WINTER PARK, FL 32789 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:** DUDLEY Q SHARP JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** MUSTO, PAUL H  
**Address:** 3 HAMMERSMITH DRIVE  
**City-St-Zip:** SAUGUS, MA 01906

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

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:** PAUL H MUSTO

MGR

11/04/2005

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