

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000084052 1. Entity Name VILLA C ACQUISITION CO, LLC				 <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;"> FILED 05 NOV 28 PM 12:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1187 WILMETTE AVENUE #216 WILMETTE, IL 60091		Mailing Address 1187 WILMETTE AVENUE #216 WILMETTE, IL 60091			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-3566969		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Patrick J. Callahan, III DATE 11/17/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLAHAN, PATRICK J III 1187 WILMETTE AVENUE #216 WILMETTE, IL 60091 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000061736940 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Patrick J. Callahan, III Date 11/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT 2005



CORPORATION SERVICE COMPANY

L04000084052

ACCOUNT NO. : 072100000032

REFERENCE : 725536 7161648

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : November 28, 2005

ORDER TIME : 3:01 PM

ORDER NO. : 725536-005

CUSTOMER NO: 7161648

FILED
05 NOV 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: VILLA C ACQUISITION CO, LLC

XX REINSTATEMENT

RECEIVED
05 NOV 28 PM 4:40
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____