

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 AM 10:47

<b>DOCUMENT # L04000085058</b> 1. Entity Name <b>CAMILLE EQUITIES, LLC</b>					
Principal Place of Business <b>1717 MARSH RUN NAPLES, FL 34109</b>			Mailing Address <b>1717 MARSH RUN NAPLES, FL 34109</b>		
2. Principal Place of Business <b>5922 Rolling Oaks Ct</b>		3. Mailing Address Suite, Apt. #, etc.		09212005 REIN-LLC CR2E101 (6/04)	
City & State <b>Naples Florida</b>		City & State		4. FEI Number	
Zip <b>34110</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CROWN, HOWARD L GRANT FRIDKIN PERSON ATHAN &amp; CROWN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>managing member</b> <input type="checkbox"/> Delete NAME <b>Howard Crown</b> STREET ADDRESS <b>5922 Rolling Oaks Ct</b> CITY-ST-ZIP <b>Naples FL 34110</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			300061247149 11/08/05--01022--004 **150.00 <b>REINSTATEMENT 2005</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b> <b>Howard Crown</b>			Date <b>9/21/05</b> Daytime Phone # <b>514-1000</b>		