



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 27 AM 10:54

DOCUMENT # L05000018390 1. Entity Name RIVERSIDE DRIVE, LLC					
Principal Place of Business 2345 SAND LAKE ROAD ORLANDO, FL 32809			Mailing Address 2345 SAND LAKE ROAD ORLANDO, FL 32809		
2. Principal Place of Business 8680 Commodity Cir Suite, Apt. #, etc. 200 B City & State Orlando FL Zip 32812		3. Mailing Address 8680 Commodity Cir Suite, Apt. #, etc. 200 B City & State Orlando FL Zip 32812			
4. FEI Number 09262006				REIN-LLC	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				CR2E101 (11/05)	
6. Name and Address of Current Registered Agent KARINA LIMA, LEE 2345 SAND LAKE ROAD KORSHAK & ASSOCIATES ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Lee Karina Lima Street Address (P.O. Box Number is Not Acceptable) 8680 Commodity Cir Suite 200 B City Orlando FL 32812		
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 Stephen D. Korshak (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 2345 SAND LAKE ROAD ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8680 Commodity Cir Suite 200 B Orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080220989 09/27/06--01045--006 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephen D. Korshak <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					