


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -5 AM 10:54

DOCUMENT # L05000020919 1. Entity Name CORBIN STREET INVESTMENTS, ORLANDO LLC					
Principal Place of Business 911 SOUTH ORLANDO AVE MAITLAND, FL 32751			Mailing Address 911 SOUTH ORLANDO AVE MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09282006 REIN-LLC CR2E101 (11/05)	
City & State		City & State		4. FEI Number 33-1113787	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEOGH, KEVIN R 18761 S.E. RIVER RIDGE ROAD TEQUESTA, FL 33469				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM JOHNSON, JOHN V 6721 LAKE TRAIL DRIVE WESTERVILLE, OH 44308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700080501337 10/05/06--01046--016 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kent Beachy 356 Parkdale Rd. West Jefferson, OH 43162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>Kent Beachy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/28/06 614-487-4000 Date Daytime Phone #		