

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 DEC -4 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11082007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
59-3799302

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

~~STARK, CHARLES H~~ Florida Property Business  
~~986 DOUGLAS AVENUE, SUITE 100~~ 3000 N. Atlantic Ave  
~~ALTAMONTE SPRINGS, FL 32714~~ #203  
Cocoa Beach, FL 32931

## 7. Name and Address of New Registered Agent

Name Florida Property Business LLC  
Street Address (P.O. Box Number is Not Acceptable)  
3000 N Atlantic Ave  
#203  
City Cocoa Beach FL Zip Code 32931

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 [Signature] DATE 19 NOV 2007  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, 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

TITLE MGRM ☐ Delete  
NAME ELLIS, JAMES D  
STREET ADDRESS LE REPOS AU COIN, LA FOSSE, ST MARTIN  
CITY-ST-ZIP GUERNEY, CHANNEL ISLANDS, gy4 geb

TITLE MGRM ☐ Delete  
NAME ELLIS, NINA C  
STREET ADDRESS LE REPOS AU COIN, LA FOSSE, ST MARTIN  
CITY-ST-ZIP GUERNEY, CHANNEL ISLANDS, gy4 geb

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 700112787707  
STREET ADDRESS 12/03/07--01059--018 \*\*50.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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 [Signature] Nina Ellis 11/25/07 444 1481 236188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #