FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000028900

1. Entity Name
210 WEST INDIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 400 ROYAL PALM WAY SUITE 419<br>PALM BEACH, FL 33480 | 400 ROYAL PALM WAY SUITE 419<br>PALM BEACH, FL 33480 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 400 Royal Palm Way | 400 Royal Palm Way |
| Suite, Apt. #, etc.: 204 | Suite, Apt. #, etc.: 204 |
| City & State: Palm Beach, Florida | City & State: Palm Beach, Florida |
| Zip: 33480 Country: USA | Zip: 33480 Country: USA |

01032007 REIN-LLC CR2E101 (11/05)

4. FEI Number ☑ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RABIDEAU, GUY ESQ<br>400 ROYAL PALM WAY SUITE 419<br>PALM BEACH, FL 33480 | Name: Rabideau, Guy Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 400 Royal Palm Way, Suite 204<br>City: Palm Beach FL Zip Code: 33480 |

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 _____ 01/05/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $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<br>STUART-FINDLAY, CLIVE<br>P.O. BOX 3226<br>PALM BEACH, FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BIRMINGHAM, PAUL<br>937 N. LAKE WAY<br>PALM BEACH, FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>400008415932<br>01/12/07--01011--025 **100.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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: Stuart-Findlay C. STUART-FINDLAY 01-05-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

(561) 352-0536
Daytime Phone #