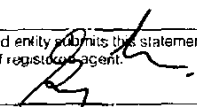
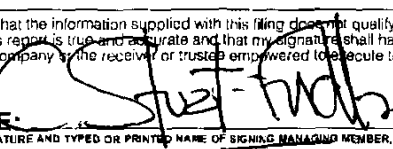


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

DOCUMENT # L05000028900			
1. Entity Name 210 WEST INDIES, LLC			
Principal Place of Business 400 ROYAL PALM WAY SUITE 419 PALM BEACH, FL 33480		Mailing Address 400 ROYAL PALM WAY SUITE 419 PALM BEACH, FL 33480	
2. Principal Place of Business 400 Royal Palm Way Suite, Apt. #, etc. 204 City & State Palm Beach, Florida Zip 33480		3. Mailing Address 400 Royal Palm Way Suite, Apt. #, etc. 204 City & State Palm Beach, Florida Zip 33480	
Country USA		Country USA	
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 RABIDEAU, GUY ESO 400 ROYAL PALM WAY SUITE 419 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Rabideau, Guy Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Royal Palm Way, Suite 204 City Palm Beach FL 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 		DATE 01/05/07	
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 STUART-FINDLAY, CLIVE P.O. BOX 3226 PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRMINGHAM, PAUL 937 N. LAKE WAY 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
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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 		C. STUART-FINDLAY 01-05-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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01/12/07--01011--025 **100.00

(561) 352-0536