

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:52

DOCUMENT # L05000060415

1. Entity Name
4644 POINCIANA, L.L.C.



Principal Place of Business
334 EASTLAKE ROAD
PALM HARBOR, FL 34685

Mailing Address
334 EASTLAKE ROAD
PALM HARBOR, FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
20-3020575

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name THOMAS F VINCI
Street Address (P.O. Box Number is Not Acceptable)
334 EASTLAKE RD # 216
City PALM HARBOR FL Zip Code 34685

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VINCI, THOMAS F
STREET ADDRESS 334 EASTLAKE ROAD
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition
NAME 100081905051
STREET ADDRESS 11/17/06--01046--005 **\$150.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME VINCI, GERARD T
STREET ADDRESS 3200 N. OCEAN BLVD., #706
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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

TITLE MGR ☐ Delete
NAME SAAR, PAUL
STREET ADDRESS 258 COMMERCIAL BLVD., SUITE 2-A
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS F VINCI

11/01/06

2012482317

REINSTATEMENT 2006