

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000063332

1. Entity Name
STOWE PROPERTIES USA, LLC



FILED
08 NOV 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 722 SHORE DRIVE VERO BEACH, FL 32963	Mailing Address 2142 ELMORE MTN ROAD MORRISVILLE, VT 05661
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1709 ST-PATRICK #PH802
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10312008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State MONTREAL, QUEBEC
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4. FEI Number 47-0959849	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip H3K 3G9	Country CANADA
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANFORD, CHARLES
3003 CARDINAL DRIVE, SUITE B
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Charles Sanford* DATE 11/20/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM GEOGHEGAN, MICHAEL V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4180 E. 16TH SQ.		NAME		
STREET ADDRESS	VERO BEACH, FL 32967		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
				100138232981	
				11/24/08--01047--003 *\$238.75	
TITLE	MGRM SCOFIELD, SAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON BLDG.		NAME		
STREET ADDRESS	STOWE, VT 05672		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MGRM CHANISTEL USA, INC.	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1201 NORTH MARKET STREET		NAME	1709 ST-PATRICK #PH802	
STREET ADDRESS	WILMINGTON, DE 19899		STREET ADDRESS	MONTREAL, QC, CANADA H3K 3G9	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Charles Sanford* DATE 11-14-2008 DAYTIME PHONE # 514-285-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #