PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN 23 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/17/11--01022--008 **932.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000064693

1. Limited Liability Company's Name

CELINE VILLAS LLC

CR2E041 (1/11) 06-11

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2946 SHELBY CIRCLE	2496 SHELBY CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FLORIDA	City & State: KISSIMMEE FLORIDA
Zip: 34743 Country:	Zip: 34743 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6/28/2005

6. FEI Number: 20-3918184 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NANCY CARPENTER

Street Address (P.O. Box Number is Not Acceptable): 2803 N POINCIANA BLVD

Suite, Apt. #, Etc.

City: KISSIMMEE State: FL Zip Code: 34746

E-mail Address:

NANCY@DEEJAYTAXES.COM
(To be used for future annual report notices)

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Nancy Carpenter Date 6/23/2011
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	ALAN MOORE	POPLAR HOUSE SOUTH BROUGHTON	NR MIDDLESBROUGH TS9 7HN UK
MBR	KARL MOORE	401 COLNE ROAD KELBROOKE	LANCASHIRE BB18 6TG UK
MBR	ANDREW WHITMORE	18 BROADLANDS INGLEBY BARWICK	STOCKTON ON TEES TS17 5NE UK
MBR	KAREN ROBINSON	18 BROADLANDS INGLEBY BARWICK	STOCKTON ON TEES TS17 5NE UK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Alan Moore Date 23 June 2011 Daytime Phone # 44(0)642 774 380

Typed or printed name of signing Managing Member/Manager: ALAN MOORE