

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 04, 2008
Secretary of State**

DOCUMENT# L05000073630

Entity Name: REGAL POINTE, LLC

Current Principal Place of Business:

1807 NATURE COVE LANE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1807 NATURE COVE LANE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NGUYEN, ADAM TRI
1807 NATURE COVE LANE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ADAM TRI NGUYEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NGUYEN, ADAM TRI
Address: 1807 NATURE COVE LANE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: NGUYEN, BINH
Address: 1807 NATURE COVE LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BINH NGUYEN

MMS

11/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date