



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000092554 1. Entity Name MICHEL TREPANIER LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT -9 AM 10:01	
Principal Place of Business 1206 SW 4TH PLACE CAPE CORAL, FL 33991				Mailing Address 1206 SW 4TH PLACE CAPE CORAL, FL 33991			
2. Principal Place of Business 1206 SW 4TH PLACE Suite, Apt. #, etc.		3. Mailing Address 1206 S.W. 4TH PLACE Suite, Apt. #, etc.					
City & State CAPE CORAL FLORIDA Zip 33991 Country U.S.A.		City & State CAPE CORAL FLORIDA Zip 33991 Country U.S.A.		4. FEI Number 06-1660736		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6062006 REIN-LLC CR2E101 (11/05)			
6. Name and Address of Current Registered Agent TREPANIER, MICHEL A 1206 SW 4TH PLACE CAPE CORAL, FL 33991				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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR TREPANIER, MICHEL A 1206 SW 4TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080646271 10/10/06--01009--023 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>MICHEL TREPANIER</u> 10-06-06(239)249-9848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							