2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2007
Secretary of State

DOCUMENT# L05000097279

Entity Name: PALM COAST INTERSTATE VENTURE CAPITAL, LLC

Current Principal Place of Business:

145 WHISPERING PINE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

145 WHISPERING PINE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-3614610 **FEI Number Applied For ( )** **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:

ETIENNE, MARC
145 WHISPERING PINE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

SCALF, CHRISTOPHER
25 LOUISBURG LANE
PALM COAST, FL 32137 US

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: CHRISTOPHER SCALF 10/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ETIENNE, MARC	
Address:	145 WHISPERING PINE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	(X) Delete
Name:	ETIENNE, JOYCE	
Address:	145 WHISPERING PINE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	(X) Delete
Name:	BLAKE, JAMES	
Address:	11 WHITEFEATHER	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	(X) Delete
Name:	BLAKE, SALLY	
Address:	11 WHITEFEATHER	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	(X) Delete
Name:	SKEETE, ENA	
Address:	112 WHIPPOORWILL DR.	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGR	(X) Delete
Name:	PRESTIGE CLUB,	
Address:	32 CURTIS AVENUE	
City-St-Zip:	HEMPSTEAD, NY 11550	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	SCALF, CHRISTOPHER	
Address:	25 LOUISBURG LANE	
City-St-Zip:	PALM COAST, FL 32137	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: CHRISTOPHER SCALF MGR 10/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date