


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAY 23 PM 2:21
LIMITED LIABILITY COMPANY REINSTATEMENT			
DOCUMENT # L05000098661 1. Limited Liability Company's Name La Principessa Bella, LLC			
2. Principal Office Address - No P.O. Box # 819 Wilkinson Street <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 312 S Park Avenue <small>Suite, Apt. #, etc.</small>	
City & State Orlando, Florida		City & State Winter Park, Florida	
Zip 32803	County Orange	Zip 32789	County Orange
4. State/Country of Formation Florida/ Orange			
5. Date Organized or Qualified To Do Business in Florida 10/25/05			
6. FEI Number 20-3606003		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name James J Flick <small>Street Address (P.O. Box Number is Not Acceptable)</small> 3203 South Conway Road <small>Suite, Apt. #, Etc.</small> Suite 106 City Orlando		State FL	
		Zip Code 32812	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent <i>James J. Flick</i> Date 05/09/08 <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Shameen Khoury Wrighton	819 Wilkinson Street	Orlando, FL 32803
MGM	Bianca Khoury	2449 Legacy Lake Drive	Maitland, FL 32751
200129491012 05/14/08 01049 0057 **516.25 REINSTATEMENT 06-08			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.400, 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. Signature of Managing Member/Manager <i>Shameen Khoury Wrighton</i> Date 05/09/08 Caytime Phone # 407.628.0400 Typed or printed name of signing Managing Member/Manager Shameen Khoury Wrighton			