

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 OCT -9 AM 11:22			
DOCUMENT # L05000101585							
1. Limited Liability Company's Name Harrington Family II Villaggio LLC							
2. Principal Office Address - No P.O. Box # 1451 Ocean Dr. Suite, Apt. #, etc. 100		3. Mailing Office Address 4 Fort Seawall Terrace Suite, Apt. #, etc.		CR2E041 (1/07)			
City & State Miami Beach		City & State Marblehead, MA		4. State/Country of Formation Florida, Miami Dade			
Zip 33139	Country USA	Zip 01945	Country USA	5. Date Organized or Qualified To Do Business in Florida 10-14-2005			
6. FEI Number 20-3655802 <table border="1" style="float: right; margin-right: 10px;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px; vertical-align: top;"> Applied For <input checked="" type="checkbox"/> Not Applicable </td> </tr> </table>							Applied For <input checked="" type="checkbox"/> Not Applicable
	Applied For <input checked="" type="checkbox"/> Not Applicable						
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status							
8. Name and Address of Current Registered Agent Name Andrew Feldman Street Address (P.O. Box Number is Not Acceptable) 1111 Kane Concourse Suite, Apt. #, Etc. 200 City Bay Harbor Islands State FL Zip Code 33154							
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			Date				
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			
MGRM	Patricia A. Boyd f/k/a Patricia Harrington	4 Fort Seawall Terrace		Marblehead, MA 01945.			
REINSTATEMENT 2006-07							
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 608.408, 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 <u>P.A. Boyd</u> Date <u>9/26/07</u> Daytime Phone # <u>617-771-5544</u>							
Typed or printed name of signing Managing Member/Manager <u>Patricia A. Boyd f/k/a Patricia Harrington</u>							