

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000102177</b>		
1. Entity Name <b>PROJECT INSIDER DEVELOPMENT INVESTMENTS, LLC</b>		

SEC  
DIVIS

07 OCT 16 PM 3:43

Principal Place of Business <b>1600 SOUTH DIXIE HIGHWAY 508 BOCA RATON, FL 33432 US</b>	Mailing Address <b>1600 SOUTH DIXIE HIGHWAY 508 BOCA RATON, FL 33432 US</b>
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2. Principal Place of Business - No P.O. Box # <b>7570 US Hwy 1</b>	3. Mailing Address <b>7570 US Hwy 1</b>
Suite, Apt. #, etc. <b>4</b>	Suite, Apt. #, etc. <b>4</b>

10052007 REIN-LLC CR2E101 (1/07)

City & State <b>HYPOLUXO FLA</b>	City & State <b>HYPOLUXO FLA</b>
Zip <b>FLA</b>	Zip <b>33462</b>
Country <b>33462</b>	Country <b>US</b>

4. FEI Number <b>81-0679717</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>WRIGHT, THOMAS H III 1600 SOUTH DIXIE HIGHWAY 300 BOCA RATON, FL 33432</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

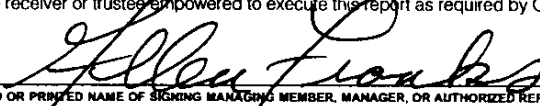
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FRANKS, ALLEN 1600 SOUTH DIXIE HIGHWAY, SUITE 508 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. CUELLO, DAMIEN 1600 SOUTH DIXIE HIGHWAY, SUITE 508 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. UMPIERREZ, MIRYAN 1600 SOUTH DIXIE HIGHWAY, SUITE 508 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FRANKS ALLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7570 US Hwy 1 suite 4 HYPOLUXO FLA 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. CUELLO DAMIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7570 US Hwy 1 suite 4 HYPOLUXO FLA 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. UMPIERREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7570 US Hwy 1 suite 4 HYPOLUXO FLA 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500110600555</b> <b>10/16/07--01041--022 **50.00</b>
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"/> 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: 	Date: <b>Oct 2/07</b>	Daytime Phone #: <b>561-5859748</b>
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