

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

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CR2E041 (1/07)

DOCUMENT # L05000109868

1. Limited Liability Company's Name
Tagleo, LLC

2. Principal Office Address - No P.O. Box # 1004 Collier Center Way		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State	
Zip 34110	Country collier	Zip	Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number **13-4357209** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Counts, Richard A.

Street Address (P.O. Box Number is Not Acceptable)
1004 Collier Center Way

Suite, Apt. #, Etc.
Suite 206

City
Naples, Florida

State
FL

Zip Code
34110

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *See attached page* 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

REINSTATEMENT 07

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~~10/23/07--01008--005 **150.00~~

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10/23/07--01008--005 **150.00

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 608.406, 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 *Richard A Counts* Date 10/22/07 Daytime Phone # 239.593.5533

Typed or printed name of signing Managing Member/Manager _____

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Vanderbilt Development Group, LLP
1004 Collier Center Way, Suite 206
Naples, FL 34110

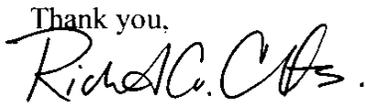
November 6, 2007

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that I, Richard A. Counts am accepting and acknowledging that I am
the now the Registered Agent for Tagleo, LLC.

Please find attached the reinstatement for renewal.

Thank you,

Richard A. Counts