


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 DEC -9 PM 2:06 SECRETARY OF STATE TALLAHASSEE FLORIDA 700138695357 12/08/08--01053--003 **138.75 CR2E041 (10/08)	
DOCUMENT # <u>L06000032947</u>					
1. Limited Liability Company's Name <u>PINE ISLAND PLAZA, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>28 MARSALA WAY</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>28 MARSALA WAY</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA</u>	
City & State <u>NAPA CA</u>		City & State <u>NAPA CA</u>		5. Date Organized or Qualified To Do Business in Florida <u>MARCH 2006</u>	
Zip <u>94558</u>	Country <u>USA</u>	Zip <u>94558</u>	Country <u>USA</u>	6. FEI Number <u>76-0841589</u> <input type="checkbox"/> Applied For <input 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 <u>MICHAEL RUPPRECHT</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>414 SAVOIE DRIVE</u>					
Suite, Apt. #, Etc. <u>1</u>					
City <u>PALM BEACH GARDENS, FL</u>		State <u>FL</u>	Zip Code <u>33410</u>		
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 <u>[Signature]</u>				Date <u>11-30-08</u>	
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	
	<u>MICHAEL RUPPRECHT</u>	<u>414 SAVOIE DR</u>		<u>PALM BEACH GARDENS FL</u> <u>33410</u> <u>400137013504</u> <u>10-11-08 01022007</u> <u>10 238.75</u>	
REINSTATEMENT <u>07.08</u>					
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 <u>[Signature]</u>				Date <u>11-30-08</u> Daytime Phone # <u>510-918-3324</u>	
Typed or printed name of signing Managing Member/Manager <u>MICHAEL RUPPRECHT</u>					

NOTE: # 238 on File
Enclosed \$ 138.75