PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY Secretary of State DIVISION OF CORFORATIONS			99 kg 28
DOCUMENT # L060000 53373 1. Limited Liability Company's Narro			
Poly Villa #8 LLC		CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box + 3. Mailing Office Address 2. O96 Estero BND 373 Cooley Ct Suite, Apt. #, etc.		4. State/Country of Former'on Floridg USA	
City & State		5. Date Organized or Qualified To Do Bus ness in Fords 5-16-06 6. FEI Number. Applied For	
Fort Myers Beach 1 Naple 2939313256 Country USA 34103	Country	<u> 26-</u>	9707394 Not Applicable OF STATUS DESIRED 5500 3 Johnson of Brattle Total For Mindle of Brattle
8. Name and Address of Current Registered Agent		A \$100 reinstatement fee is imposed, except in chromstances 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.	
Name Mary Beth Ross Stroet Address (P.O. Box Number is Not Acceptable) 373 Cuddy Ct Suite, Apr. R. Etc.			
"Naples FL	FL 39163		
9. I, being appointed the registered agent of the above named limited liability company, an familier with and accept the obligations of Chapter 638 F.S Signature of Registered Agent			
10. Names and Street Addresses of Managing Members/Managers	Syssat Address of Each		
Titles Menaging Mombers/Managers	Managing Member/ Mana		City / Stalin / Z-p
MGRM SCS. HAWKES MAY 0 1 2009	373 Cuddy 1	<u>C</u>	Maples 17 34103
EXAMINER		50	00152118035
EXAMINER 500152118035 04/23/0901003006 ***416.25			
11. I certify that I am managing member/manager or the rectiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when flang this renatation on application the reason for discolution has been eliminated, the limited liability company name satisfies the requirements of socion 606 406, F.S., and that all fees owed by the limited liability company have been peid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect.			
as if made under cath, Signature of Managing Nember/Manager			
Typed or printed name of signing Menaging Member/Manager			

373 Cuddy Court Naples, FL 34103 April 20, 2009

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re:Poly Villa #8 LLC

Dear Sir:

Enclosed please find an LLC Reinstatement for Poly Villa #8LLC. Recently, while speaking with our attorney regarding this LLC, he asked whether we had paid past years annual report fees. We were unaware that any fees were necessary. The mailings to the LLC were not delivered to our registered mailing address in Naples, and most likely were delivered to the LLC address at 2096 Estero Blvd, Ft Myers Beach, FL where no mail is delivered.

The LLC was created in 2006 when we purchased a condominium on Ft Myers Beach. Almost three years have passed, so we assume we owe three years of fees at \$138.75 per year, for a total of \$416.25. As the entity did not receive any prior notices, it would appear that the \$100 reinstatement fee is waived. We have enclosed payment of \$416.25. Please advise if this is incorrect, and send all future notices to 373 Cuddy Court, Naples, FL 34103. Thank you.

Scott Ross (239) 2939463