

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000084108	
1. Entity Name PERU ISLAND, TP 1410, LLC	

SECRET
DIVISION

07 NOV 27 AM 10:55

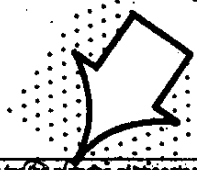
Principal Place of Business 17121 CAPTIVA DRIVE CAPTIVA, FL 33924	Mailing Address 17121 CAPTIVA DRIVE P.O. Box 1088 CAPTIVA, FL 33924
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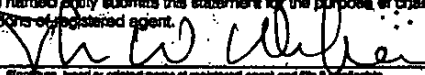
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11062007 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, THOMAS W 17121 CAPTIVA DRIVE CAPTIVA, FL 33924	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	

City	FL	Zip Code
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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 \$150.00 After January 1, 2008, Fee will be \$200.00	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILLIAMS, THOMAS W 17121 CAPTIVA DRIVE CAPTIVA, FL 33924 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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11/27/07--01018--009 **150.00

REINSTATEMENT

SIGN
HERE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 806, Florida Statutes.	
SIGNATURE: 	Date: 11/23/07