


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000105100</b> 1. Entity Name NORTH BAY VILLAGE REALTY, LLC	
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FILED  
08 JUN 26 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 960-41ST ST, #212 MIAMI BEACH, FL 33140	Mailing Address 960-41ST ST, #212 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 1876 79ST CAUSEWAY Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
City & State NORTH BAY VILLAGE	City & State
Zip 33141 USA	Zip Country

06252008 REIN-LLC	CR2E101 (1/07)	
4. FEI Number 743193346	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent MENDOZA, NESTOR 960-41ST ST, #212 MIAMI BEACH, FL 33140
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7. Name and Address of New Registered Agent Name: JEANNETTE FACIOLINCE Street Address (P.O. Box Number is Not Acceptable): 1876 79 STREET CAUSEWAY City: NORTH BAY VILLAGE FL Zip Code: 33141
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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: Jeannette Faciolince (NOTE: Registered agent signature required when reinstating) DATE: JUN 25 2008

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, NESTOR 960-41ST ST, #212 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEANNETTE FACIOLINCE 1876 79 STREET CAUSEWAY NORTH BAY VILLAGE FL 33141
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	000132104300 07/03/08--01003--019 **277.50
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>REINSTATEMENT 2007-2008</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: JEANNETTE FACIOLINCE Date: JUN 25 2008 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE