

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 DEC 11 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11162007 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L06000115024</b> 1. Entity Name <b>LONGVIEW HOUSE, LLC</b>			
Principal Place of Business % STEVEN L. DANIELS, ESQ. 2424 NORTH FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431		Mailing Address % STEVEN L. DANIELS, ESQ. 2424 NORTH FEDERAL HIGHWAY, SUITE 462 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # <b>1730 S. Federal Highway</b> Suite, Apt. #, etc. <b>Ste 283</b> City & State <b>Delray Beach, Florida</b>		3. Mailing Address <b>1730 S. Federal Highway</b> Suite, Apt. #, etc. <b>Ste 283</b> City & State <b>Delray Beach, Florida</b>	
Zip <b>33483</b>	Country <b>USA</b>	Zip <b>33483</b>	Country <b>USA</b>
4. FEI Number <b>20-8102970</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DANIELS, STEVEN L ESQ.</b> <b>ARNSTEIN &amp; LEHR LLP</b> <b>2424 NORTH FEDERAL HIGHWAY, SUITE 462</b> <b>BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Steven L. Daniels, Esq. Arnstein &amp; Lehr LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 N. Flagler Drive</b> <b>6th Floor</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>Steven Daniels</b> <b>11/26/07</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$200.00</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>EFRON, SCOTT</b> STREET ADDRESS <b>6075 VIA CRYSTALLE</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>	TITLE <b>900112898259</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>12/06/07--01031--003 **150.00</b> STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
<b>REINSTATEMENT</b>			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>11/19/07</b> <b>677-9292</b> <small>Daytime Phone #</small>	