

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:26

DOCUMENT # L07000123328

1. Entity Name
3721 - 13 LLC



Principal Place of Business
3613 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

Mailing Address
3613 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
3721 SE 13th Ave

3. Mailing Address
1221 SW 10th Ter

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33904

Country
US

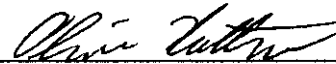
Zip
33991

Country
US

6. Name and Address of Current Registered Agent
LIPSHUTZ, ROBERT M
3613 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
Management Tax Consulting, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1221 SW 10th Ter
City
Cape Coral
FL
Zip Code
33991

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 1-29-09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

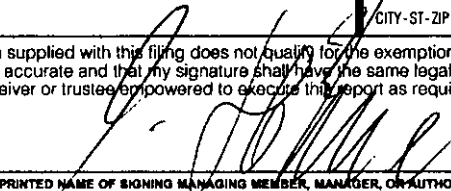
FILE NOW!!! FEE IS \$277.50

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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPSHUTZ, ROBERT M 3613 DEL PRADO BOULEVARD CAPE CORAL, FL 33904 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400142709189 Change ☐ Addition 02/03/09--01011--014 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Wolfgang Hoehne ☐ Change ☒ Addition Kalber Kamp 10 Weyhe/Bremen 28844, Germany
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Mauro Montaldo ☐ Change ☒ Addition 5 Via Regina Elena Andezeno 1020, Italy
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE 1-29-09

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

REINSTATEMENT 1-29-09 - JPM