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

01192009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
3721 SE 13th Ave
Suite, Apt. #, etc.
City & State: Cape Coral, FL
Zip: 33904 Country: US

3. Mailing Address
1221 SW 10th Ter
Suite, Apt. #, etc.
City & State: Cape Coral, FL
Zip: 33991 Country: US

4. FEI Number: 26-2400521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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: [signature] 1-29-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	MGR ☒ Delete
NAME	LIPSHUTZ, ROBERT M
STREET ADDRESS	3613 DEL PRADO BOULEVARD
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 02-09-09

10. ADDITIONS/CHANGES

TITLE	400142709184 ☐ Change ☐ Addition
NAME	02/03/09--01011--014 **277.50
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MGRM ☐ Change ☒ Addition
NAME	Wolfgang Hoehne
STREET ADDRESS	Kalber Kamp 10
CITY-ST-ZIP	Weyhe/Bremen 28844, Germany
TITLE	MGRM ☐ Change ☒ Addition
NAME	Mauro Montaldo
STREET ADDRESS	5 Via Regina Elena
CITY-ST-ZIP	Anderzeno 1020, Italy
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [signature] MGRM Wolfgang Hoehne 1-29-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #