

L4*10000000042

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 25 AM 9:03

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L97000000042**

Island of Manna Point Harbor Development L.L.C.
1399 West S.R. 434
Longwood, FL 32750

1a. Principal Place of Business Address

1399 West State Road 434
Longwood, FL 32750

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/26/97	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59 - 3421749		5. Date of Last Report		6. Certificate of Status Desired	
Zip		Country		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Berry Walker
235 S. Maitland Ave.
Suite 214
Maitland, FL 32751

Name
Michael E Murray Manager
Street Address (P.O. Box Number is Not Acceptable)
1399 West S.R. 434
Suite, Apt. #, etc.
Longwood, FL
City
FL Zip Code
32750

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Manager	Michael E Murray	1399 West S.R. 434 Longwood, FL 32750	Longwood, FL 32750

REINSTATEMENT 1998

900002705308--0
-12/08/98-01003-001
****688.75 ****688.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

11/5/98

Daytime Phone #

407-331-4300

Typed or printed name of signing Managing Member/Manager