

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -7 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L98000002323

1. Limited Liability Company's Name

MONTEREY POINT, LLC

700008289817--5  
-10/03/02--01065--008  
\*\*\*\*\*250.00 \*\*\*\*\*250.00

2. Principal Office Address

3. Mailing Office Address

950 S.E. MONTEREY RD

950 S.E. MONTEREY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart FL

Stuart FL

Zip

Country

Zip

Country

34994 USA

34994 USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

10/20/98

6. FEI Number

65-0877816

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CLAUDE E. COLLINS

Street Address (P.O. Box Number is Not Acceptable)

896 SANDALWOOD PLACE

Suite, Apt. #, Etc.

City

Jessie Beach

State

FL

Zip Code

34957

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

Carl E. Collins

REGISTERED AGENT MUST SIGN

Date

10/03/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	C.E. Collins, Inc.	950 S.E. MONTEREY RD	Stuart FL 34994
Member	CLAUDE E. COLLINS	896 SANDALWOOD PLACE	Jessie Beach, FL 34957

REINSTATEMENT

00-02

dec

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

Carl E. Collins

Date

10/3/02

Daytime Phone #

(772) 219-3600

Typed or printed name of signing Managing Member/Manager

CLAUDE E. COLLINS

CR2E041 (9/01)

**Monterey Pointe, L. C.  
950 S. E. Monterey Road  
Stuart, FL 34994  
772-219-3600**

October 3, 2002

Department of State  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Monterey Point, L. C.  
TIN#65-0877816

Dear Sir or Madam:

Enclosed is a check in the amount of \$250.00 to be applied to Monterey Pointe, L. C. Corporate Annual Report for 2000, 2001 & 2002. The breakdown is as follows:

2000	\$50.00
2001	50.00
2002	50.00
Reinstatement Fee	<u>100.00</u>
	\$250.00
	=====

Also enclosed is the required reinstatement form. Please reinstate Monterey Pointe, L. C. as soon as possible.

Sincerely,



Clark E. Collins  
Member

Enclosure