
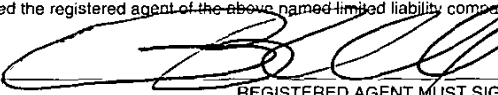
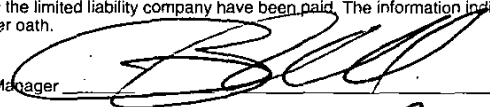


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV -2 PM 11:02 <i>YJ</i>	
DOCUMENT # L99-9287					
1. Limited Liability Company's Name MARINA VISTA DEVELOPMENT LLC					
2. Principal Office Address 1717 2ND ST		3. Mailing Office Address 1717 2nd St,		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 12/28/99 6. FEI Number 65-0977011 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. Suite A			
City & State SARASOTA		City & State Sarasota			
Zip 34236	Country SARASOTA	Zip 34236	Country		
8. Name and Address of Current Registered Agent					
Name RONALD R SHENKIN					
Street Address (P.O. Box Number is Not Acceptable) 1717 2ND ST					
Suite, Apt. #, Etc. SUITE D					
City SARASOTA					
State FL					
Zip Code 34236					
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 				Date 10/18/00	
REGISTERED AGENT MUST SIGN					
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		
	MARINA VISTA DEVELOPMENT OF SARASOTA, INC	1717 2ND ST SARASOTA,	SARASOTA, FL 34236		
500003456495--0 -11/07/00--01144--014 ****150.00 ****150.00					
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 					
Date 10/18/00					
Daytime Phone # 941-364-9915					
Typed or printed name of signing Managing Member/Manager RONALD R SHENKIN					

CR2E041 (9/99)