PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: D
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COMPANY REINSTATEMENT

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LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE

							FLURIDA			
DOCUMENT # M 0.5 000 00 65 13 1. Limited Liability Company's Name									-	
CANYON SANDS VENTURE, LLC							400167768964 02/02/1001013017 **660.00 crzeo41 (11/00)			
				Office Address TAMIAMITRAIL NORTH			· ·			
				Suite, Apt. #, etc.				DELAWARE		
SUITE 210			SUITE 210.				5. Date Organized or Quelfied To Do Business in Florida 6 2-1 05			
City & State			City & State	City & State						
NAPLES FL			NAPL	NAPLES FL			6. FEI Number Applied For 2.0 ~ 3067535 Not Applicable			
^{2ip} 34 i	.o <u>.z</u> ,	Country U.S.A.	Zip 34(0)	3	Coun	atry S A	7	OF STATUS DESIDED M \$5.00	Additional Fee required a Certificate of Status	
8. Name and Address of Gurrent Registered Agent										
Name S. JACK WILLIAMS							☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Street Address (P.O. Box Number is Not Acceptable) 3003 TAMIAMI TRAIL NORTH										
Suite, Apt. #, Etc. STG 2170										
NAPLES					FL	Ztp Code 34103				
9. I, being a Signature of Registered A		registered agent of the ab	ove named limited			am familiar with and a	accept the obligat	ons of Chapter 608, F.S.	4	
10. Names	and Streat	Addressos of Managing Me	mbers/Menegers							
Titles	Titles Name of Managing Members/Menagers					treet Address of Each aging Mamber/Mana				
Manyer S. JACK WILLIAMS				3003 Tumiumi Trii suite 210, Neples, FL			34(03) Naples FL 34(03			
	,									
						REIN	STATE	MENT OO	<u>B</u>	
11. E-mail A	ddrass:					# #R# h 181	A.9] 2"4 3 Be	1 V D Small VI	7-10	
12. I certify (filing this all fees o	that I am may	nt application the reseon for mited liability company hav	r the receiver or t r dissolution has b	rustoo emp een eilmins	owered ted, the	imited liability compa	ation as provide: my name satisfie:	for in Chapter 608, F.S. I furth the requirements of section 60 ts, and my signature shall have	9.406, F.S., and that	
Signature of Managing Me	omber/Mana	per	wur.					aytime Phone #	1-1184	
Typed or print	ted mame of a	igning Managing Member	Manager		. 7	スアマニニテマ	<u> </u>			



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

Frank Massabki Telephone: 305.349.2329 Email: fmassabki@gjb-law.com

January 29, 2010

VIA FEDEX #7983 4564 4990

Florida Division of Corporations Registration Section P.O. Box 6327 Tallahasee, FL 32314

Re: Canyon Sands Venture, LLC; Reinstatement

Dear Sir or Madam:

On behalf of Canyon Sands Venture, LLC, I enclose a completed and signed Limited Liability Company Reinstatement form for purposes of restating the company as a Florida limited liability company. Towards that end, I enclose also a check payable to the Florida Department of State in the amount of \$660.00.

The foregoing payment includes the \$5.00 fee for a Certificate of Status. Please mail the Certificate of Status to the following address:

Frank Massabki, Esq. Genovese Joblove & Battista, P.A. 100 SE 2nd Street, Suite 4400 Miami, FL 33131

Please contact me at (305) 349-2329 with any questions or comments in the matter. Thank you.

Sincerely,

Frank Massabki

Enclosures (Reinstatement Form, Check #37681)

cc: Jack Williams (via e-mail)

Richard Sarafan, Esq. (via e-mail)

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