


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000002160	
1. Entity Name 4410036F LLC	

FILED

2009 MAY 12 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2979 BARLEY MILL ROAD YORKLYN, DE 19736	Mailing Address 2979 BARLEY MILL ROAD YORKLYN, DE 19736
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302009 REIN-LLC CR2E101 (1/07)

4. FEI Number 87-0766667	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSSI, MARK 24 HILTON HAVEN DRIVE KEY WEST, FL 33040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 same (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSSI, MARK 24 HILTON HAVEN DRIVE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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300155762803
05/11/09--01033--011 **377.50

REINSTATEMENT

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] 4/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #