FILED
08 NOV 17 PM 2:39
TALLAHASSEE, FLORIDA

900137998969

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000002847

1. Entity Name
AQUA AT ALLISON ISLAND HOLDINGS LLC

Principal Place of Business	Mailing Address
C/O MIRAX OVERSEAS KFT. ROOSEVELT TER 7/8 5TH FLOOR, 1051 BUDAPEST HUNGARY, XX	C/O MIRAX OVERSEAS KFT. ROOSEVELT TER 7/8 5TH FLOOR, 1051 BUDAPEST HUNGARY, XX

10182008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0158939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Capitol Corporate Services, Inc. 155 Office Plaza Dr. STE A. Tallahassee, FL 32301 City: FL Zip Code

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 Barbara A. Kaulfuss, Barbara A. Kaulfuss, Asst. Sec. 11/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After January 1, 2009, Fee will be $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make Check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MIRAX OVERSEAS KFT. ROOSEVELT TER 7/8 5TH FLOOR 1051 BUDAPEST, HUNGARY,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 2008

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: KIRILL BABICH VP 11/14/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

M07000002847

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **11-17-08**

NAME: AQUA AT ALLISON ISLAND HOLSINGS, LLC

TYPE OF FILING: **REINSTATMENT**

COST: **$138.75**

RETURN:

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08 NOV 17 PM 2:39
TALLAHASSEE, FLORIDA

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08 NOV 17 PM 12:33

ACCOUNT: **FCA0000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**