

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

05 APR 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000057350** *W05000014224*

1. Limited Liability Company's Name

ONE TEN PROPERTY SERVICES, INC.

REINSTATEMENT 03-05
100035442841
05/05/04--01016--018 **200.00

2. Principal Office Address

7321 MERCHANT CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34240-8466

Country

SARASOTA

Zip

Country

4. State/Country of Formation

FL - MANATEE

5. Date Organized or Qualified To Do Business in Florida

MAY 23, 2002

6. FEI Number

02-0610683

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BILLUE GUIGNARD

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

7321 MERCHANT CT

Suite, Apt. #, Etc.

SUITE A

City

SARASOTA

State

FL

Zip Code

34240-8466

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7-26-04**

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
P	BILLUE GUIGNARD	7321 MERCHANT CT, SUITE A	SARASOTA, FL 34240-8466
S	SEYER, RICHARD	7321 MERCHANT CT, SUITE A	SARASOTA, FL 34240-8466

100035442841
04/05/05--01069--024 **850.00

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 reinstatement fee 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

[Signature]

Date **04-27-04**

Daytime Phone # **941-907-9008**

Typed or printed name of signing Managing Member/Manager

RICHARD SEYER

CR2E041 (9/01)

• OAKMONT •
CAPITAL RESOURCES, INC.

March 16, 2005

Ms. Tina Roberts
Florida Department of State
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Roberts:

Attached for your review are copies of prior correspondence concerning One Ten Properties Service request for reinstatement. It has been determined that One Ten Properties Service wishes to continue with the reinstatement process. Please let me know what documents need filed and the associated cost. Thank you for your assistance.

Yours Truly,


Robert J. Graham

1050
230
50