

**L00000003673**

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

**LIMITED LIABILITY REINSTATEMENT**  
**MOTWANI VENTURES LLC**

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December 29, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

QUARLES & BRADY LLP

SUBJECT: MOTWANI VENTURES LLC  
REF: L00000003673

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You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000003673			
1. Limited Liability Company's Name MOTWANI VENTURES, LLC			
2. Principal Office Address 2400 EAST LAS OLAS BLVD		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 324		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State	
Zip 33301	Country US	Zip	Country
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 03/20/2000	
6. FEI Number		<input checked="" type="checkbox"/> Report For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent			
MOTWANI, NITIN			
2400 EAST LAS OLAS BLVD			
SUITE 324			
FORT LAUDERDALE FL 33301			
9. I, being appointed as registered agent of the above named LIMITED liability company, do hereby accept and accept the obligations of Chapter 804, F.S.			
Signature of Registered Agent		Date 12/25/05	
REGISTERED AGENT MUST SIGN			
10. Name and Street Address of Managing Member/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RAMOLA R. MOTWANI	2400 EAST LAS OLAS BLVD	FT LAUDERDALE FL 33301
11. I certify that I am managing member/manager of the federal or multiple companies to include the application as provided for in chapter 804, F.S. (I am not a party that when filing this management application the liability for misstatements has been eliminated, the limited liability company name satisfies the requirements of section 804.04, 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 12/25/05	Daytime Phone 954.277.9215
Typed or printed name of signing Managing Member/Manager: Ramola Motwani			