

LATE 2002 \$0.00
 2003 \$0.00
 2004 \$0.00

FILED
 SECRETARY OF STATE FILING
 DIVISION OF CORPORATIONS CERTIFICATE
 255.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

04 FEB 13 PM 1:48

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # L00000009534

1. Limited Liability Company's Name
Motwani Ventures LLC

2. Principal Office Address
7119 West Broward Blvd

Suite, Apt. #, etc.

City & State
Plantation FL

Zip Country
33317 Broward

3. Mailing Office Address
7119 West Broward Blvd

Suite, Apt. #, etc.

City & State
Plantation FL

Zip Country
33317 Broward

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Bauman, Jerome

Street Address (P.O. Box Number is Not Acceptable)
7119 West Broward Blvd

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33317

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]

Date
1/27/04

REGISTERED AGENT MUST SIGN

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
President	Ramola Motwani	545 N Fort Lauderdale Beach Blvd	Fort Lauderdale FL 33304

REINSTATEMENT 02-03-04
 RA sign

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 reason for dissolution 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
Dec 04 2003

Daytime Phone #
954-564-2345

Typed or printed name of signing Managing Member/Manager
Motwani, Ramola

CR2E041 (01/02)