


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name **L-10014**
CASBATH Spc LLC.

REINSTATEMENT 2001

2. Principal Office Address 1000 Seminole Drive Suite, Apt. #, etc. 200 City & State Ft. Laud. Ri. Zip 33304 Country USA		3. Mailing Office Address 1000 Seminole Dr. Suite, Apt. #, etc. Suite 200 City & State Ft. Laud Ri. Zip 33304 Country USA	
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4. State/Country of Formation FLA USA	
5. Date Organized or Qualified To Do Business in Florida Aug 2000	
6. FEI Number EIN 05-6247823	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$300 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **NICOLE NICASTRO**
 Street Address (P.O. Box Number is Not Acceptable) **639 NE 17th way** **900004691449-6**
 Suite, Apt. #, Etc. **FT LAUD. FLA 33304** **-11/21/01-01083-002**
 City **FT LAUD. FLA 33304** ******155.00 ****155.00**

State **FL** Zip Code **33304**

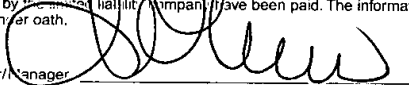
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **11/5/01**
 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
Co-President	NICOLE NICASTRO	639 NE 17 way	FL 33304
Co-President	TRESA STILES	954 SE 10th Ct.	Pom P Beach Ri. 33060

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  Date **11/5/01** Daytime Phone # **9546300633**
 Typed or printed name of signing Managing Member/Manager **NICOLE NICASTRO**

CR2E041 (8/01)