PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT # LOCODO 3675  1. Limited Liability Company's Name		FILED  08 JULII AMID: 58  SEUNLIANY OF STATE TALLAHASSEE FLORIDA
714 NW 38th Aul. Suite, Apt. #, etc. Suit	Mailing Office Address Sam  te, Apt. #, etc.	CR2E041 (12/07)  4. State/Country of Formation  Florida  5. Date Organized or Qualified To Do Business in Florida  3-07-200/  6. FEI Number  65-//035/4  Applied For Not Applicable  7. CERTIFICATE OF STATUS DESIRED  \$55.00 Additional Fee required for a Certificate of Status
Name  Name  Mark Grimme  Street Address (P.O. Box Number is Not Acceptable)  71		
Signature of Registered Agent		
Fees Mark Grimmel  L. SELLE	714 NW 58th Ave	Deecheld Och, P2 33442 400132720484 07/11/08-01018-015 **555.00
REINSTATEMENT  STATEMENT  A STA		
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  Typed or printed name of signing Managing Member/Manager		