

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:40

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012622

1. Limited Liability Company's Name

ASSB HOLDING COMPANY, L.L.C

2. Principal Office Address

4000 HOLLYWOOD BLVD

Suite, Apt. #, etc.

265-S

City & State

HOLLYWOOD, FL.

Zip

33021

Country

USA

3. Mailing Office Address

9500 MEILLEUR

Suite, Apt. #, etc.

502

City & State

MONTREAL, QUEBEC

Zip

H2N 2B7

Country

CANADA

qss

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 22, 2002

6. FEI Number

20-2240728

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

SIMON BERDUGO

REINSTATEMENT 03-05

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

3725 SOUTH OCEAN DRIVE

Suite, Apt. #, Etc.

PH16

City

HOLLYWOOD

State

FL

Zip Code

33020

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

1-28-05

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
MGMR	SIMON BERDUGO	3725 SOUTH OCEAN DRIVE #PH16	HOLLYWOOD FL. 33020
			100046086331 02/07/05--01035--017 **250.00

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 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

[Handwritten Signature]

Date

1-28-05

Daytime Phone#

877-534-6543

Typed or printed name of signing Managing Member/Manager

SIMON BERDUGO

CR2E041 (10/02)