

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 14 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 02 0000 25837

1. Limited Liability Company's Name

Porten Management, LLC

2. Principal Office Address

666 S. Military Trail

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

Zip

33442

Country

USA

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

10/1/02

6. FEI Number

16-1632670

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

Scott Porten

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

666 South Military Trail

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

REGISTERED AGENT MUST SIGN

Date

4/11/05

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
<u>MEM</u>	<u>Scott Porten</u>	<u>666 S. Military Trail</u>	<u>Deerfield Beach FL 33442</u>

REINSTATEMENT 2003-05

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

4/11/05

Daytime Phone #

954-422-1003

Typed or printed name of signing Managing Member/Manager

Scott Porten

CR2E041 (10/02)