

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 24 PM 3:01

DOCUMENT # L03000003974

1. Limited Liability Company's Name

SPLINEX, LLC

REINSTATEMENT 06-07-08
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 S. BISCAYNE BLVD.		201 S. BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2804		2804	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation	
FL/USA	
5. Date Organized or Qualified To Do Business in Florida	
2003	
6. FEI Number	Applied For
200291967	<input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
TGR CAPITAL, LLC

Street Address (P.O. Box Number Is Not Acceptable)
201 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.
2804

City	State	Zip Code
MIAMI	FL	33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 JUNE 25, 2008

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TGR CAPITAL, LLC	201 S. BISCAYNE BLVD.	MIAMI, FL 33131

06/05/08-01048-009-\$516.75

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 frustrated, 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 JUNE 25, 2008 Daytime Phone # 305-913-1622

Typed or printed name of signing Managing Member/Manager MIKE ZOI