

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -3 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/26/09--01029--014 **655.00
CR2E041 (10/08)

DOCUMENT # L04000020233

1. Limited Liability Company's Name

STEVEN RAY, LLC

2. Principal Office Address - No P.O. Box #

333 Eastwood Ter

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

US

3. Mailing Office Address

333 Eastwood Ter

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business In Florida 03/08/2004

6. FEI Number

26-4328672

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

Steven Misiano

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

333 Eastwood Ter

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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 2/25/09

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
mgrm	Steven Misiano	333 Eastwood Ter	Boca Raton, FL 33431
mgr	Raymond Feraiuolo	333 Eastwood Ter	Boca Raton, FL 33431

REINSTATEMENT 06-09
DB

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 2/25/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Steven Misiano**