

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
 2006 MAR 17 PM 4:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 500068068925

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L04000032681

1. Limited Liability Company's Name

SELRAW, LLC

05

CR2E041 (8/05)

2. Principal Office Address  
 1423 North Great Neck Road

3. Mailing Office Address  
 1423 North Great Neck Road

Suite, Apt. #, etc.  
 Suite 202

Suite, Apt. #, etc.  
 Suite 202

City & State  
 Virginia Beach, VA

City & State  
 Virginia Beach, VA

Zip  
 23454

Country

Zip  
 23454

Country

4. State/Country of Formation  
 Florida

5. Date Organized or Qualified To Do Business in Florida  
 4/29/2004

6. FEI Number  
 34-19971874

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  
 Samuel D. Navon

Street Address (P.O. Box Number is Not Acceptable)  
 2699 Stirling Road

Suite, Apt. #, Etc.  
 Suite B-100

City  
 Fort Lauderdale

State  
 FL

Zip Code  
 33312

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

3/16/05

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	Alan S. Resh	1423 North Great Neck Road, Suite 202	Virginia Beach, VA 23454

**REINSTATEMENT 2005-2006**

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 3-13-06

Daytime Phone # 757-498-1112

Typed or printed name of signing Managing Member/Manager Alan S. Resh



CORPORATION SERVICE COMPANY

L04000032681

ACCOUNT NO. : 072100000032

REFERENCE : 926178 87972A

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT \$ 200.00

2006 MAR 17 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : March 17, 2006

ORDER TIME : 10:33 AM

ORDER NO. : 926178-005

CUSTOMER NO: 87972A

*[Handwritten initials]*

DOMESTIC FILINGS

NAME: SELRAW, LLC

2006 MAR 17 PM 1:00  
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS \_\_\_\_\_