PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS			FILED		
DOCUMENT # 4.04000079888			2005 OCT 17 P 12: 51		
1. Limited Liability Company's Name SETH JUSEPH & CO. 3317 EMBASSY DRIV		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
WEST PALM BEACH, FL. 33401-1025			ì		
2. Principal Office Address 3. Mailing C				CR2E041 (8/05)	
3317 EMBASSY D	RIVE :	SAME		4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		FLORIDA / US 5. Date Organized or Qualified	
City & State	City & State	City & State		To Do Business in Florida ///4/2.004	
•	\ *	ony a state		6. FEI Number Applied For S2-23/0072 Not Applicable	
WEST PALM BEAC Zip Country 33401 US	Zìp	Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent					
Name SETU T VATIFUL					
Street Address (P.O. Box Number is Not Acceptable)			10005053511 1077705-0072-008 **150 90		
3317 EMBASSY DRIVE Suite, Apl. #. Etc.			10/17/05	=01072-008 **150 00	
WEST PALM	DEACH .			e Zip Code/ - 3340/	
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 CSCATTERS AGENT SIGN			D:	ate 10/13/05	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Ma Titles Name	e of	Street Address of Each		City / State / Zip	
Managing Memo	pers/Managers	Managing Member/Manager			
MULT SETH J. KATZ	EN	3317 EMBASSY D.	RIVE WE	ST PALM BEACH, FL. 3340)	
		em 5	OR SCOTT A T	RIENT OS	
			INSTATEMENT 05		
				<i>A</i> ,	
				~	
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 filling 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 10/13/05 Daytime Phone# 561.352.715					
Typed or printed name of signing Managing Member/Manager					