

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2007 OCT 17 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000019417

1. Limited Liability Company's Name

HENRY H MURAWSKI LLC

2. Principal Office Address - No P.O. Box # 2712 TAFT ST.

3. Mailing Office Address 730 NW 34TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State HOLLYWOOD FL

City & State OAKLAND PARK FL

Zip 33020

Country BROWARD

Zip 33309

Country BROWARD

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 2/25/2005

6. FEI Number

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 WILLIAM R LEONARD

Street Address (P.O. Box Number is Not Acceptable) 633 SO ANDREWS AVE

Suite, Apt. #, Etc. SUITE 402

City FORT LAUDERDALE

State FL Zip Code 33301

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 REGISTERED AGENT MUST SIGN

Date 8 OCTOBER 2007

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for ELAINE HALL and tax stamps.

REINSTATEMENT 06-07

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.

Signature of Managing Member/Manager ELAINE MURAWSKI HALL Date 10/8/2007 Daytime Phone # 954-566-1916

Typed or printed name of signing Managing Member/Manager ELAINE HALL