2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L06000077644			45 E	07 DEC 28 PM 1: 34					
1. Entity Name MANNA INVESTMENT GROUP LLC				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
				J TALLA	HASSEE. FLOR	IDA			
Principal Place		Mailing Address	_						
1040 SEMINOLE DR DR 1658 FT. Lauderdale, Fl. 33304		1040 SEMINOLE DR DR 1658 Ft. Lauderdale, Fl 33304							
							191 1 1 18 1		
2. Principal Place of Business - No P.O. Box # 2881 E. Oahland Park		3. Mailing Address 2881 E. Oakland Purk							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3	10092007	REIN-LLC	CR2E101 (1/07)			
City & State Fort Lander dale FL		City & State Landardak Fl.		4. FEI Numbe	er	V-\-	plied For		
Zip	Country	-Zip Co	puntry	5 Certificate	of Status Desired	\$5.00 Addi	t Applicable itional		
3330	6. Name and Address of Current R		rower	<u> </u>		Fee Required	1		
Name Daylon Const. Au									
1040 SEM	GREGORY M INOLE DR DR 1658		Street Address (P.			P.O. Box Number is Not Acceptable)			
FT. LAUDE	ERDALE, FL 33304		2861 E	Oakland	Pack S	ite 413			
			City Fort	1 outes	dale	FL Zip-30ge	311		
8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of agent.									
SIGNATURE 12-10-07									
SIGNATURE Office to printed name of registered agent and title if appreciate (NOTE: Registered Agent algorithm reinstating) DATE									
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no			e limited Make check payable to tice. Florida Department of State				
		In accordance with s. 60 liability company did not	7.193(2)(b), F.S., the receive the prior no	ne limited otice.			; ;		
		liability company did not	7.193(2)(b), F.S., the receive the prior not	ne limited otice.		epartment of State	,		
9. TITLE	MANAGING MEMBER	liability company did not	10.	otice.	ADDITIONS/CH	Department of State HANGES Thange	Addition		
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SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylore Phone *