

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # M01000000226

Name and Mailing Address

0016866 01 MB 0.309 **AUTO T1 0 0615 89128-104550
MAJEKA INVESTMENTS, LLC
7469 W. LAKE MEAD BLVD., SUITE 200
LAS VEGAS NV 89128-1045

800024546948
11/10/03 - 01011--002 **150.00



US

2. New Mailing Address
4. State/Country of Formation NV
5. Date Organized or Qualified To Do Business in Florida 01/26/2001
6. FEI Number 91-2095126
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

10. 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 Marcia Halpern
Date 11/4/03

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, HALPERN, MARCIA, 142 LOST BRIDGE DRIVE, PALM BEACH GARDENS FL 33410

12. 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.
Signature of Managing Member/Manager Marcia Halpern
Date 11/4/03 Daytime Phone # 561-622-8560

CR2E084 (7/03)

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