

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:43

DOCUMENT # M02000000181

1. Limited Liability Company's Name
Comprexex, LLC

2. Principal Office Address
14849 Firestone Blvd.

3. Mailing Office Address
14849 Firestone Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
La Mirada

City & State
La Mirada

Zip
90638

Country
Los Angeles

Zip
90638

Country
Los Angeles

4. State/Country of Formation
California

5. Date Organized or Qualified
To Do Business in Florida 7/16/2001

6. FEI Number
95-4873490

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
Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Square Blvd.

000060491590
10/11/05--01048--004 **250.00

Suite, Apt. #, Etc.
Suite #101

City
Tallahassee

State
FL

Zip Code
32301

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 [Signature] AVP, Business Filings Incorporated
REGISTERED AGENT MUST SIGN

Date 10/4/05

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	Jose F. Leon	14849 Firestone Blvd.	La Mirada, CA 90638

REINSTATEMENT 03-05

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 [Signature]

Date _____ Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager Jose F. Leon