PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	A DEPARTMENT OF STATE Secretary of State vision of corporations	2009 FEB 26 PM 3: 09
DOCUMENT # MOW OODOON197 1. Limited Liability Company's Name		SECRETARY OF MATE TALLAHASSEE, FLORIDA
Modern on the Mile, LLC		400136945714 03/09/0901002008 ++138.00
	Office Address	CR2E041 (10/08)
160 NE 40 44 St. 4131 Suite, Apt. #, etc. Suite, Apt. #	Main Street	4. State/Country of Formation PA , USA
		5. Date Organized or Qualified To Do Business in Florida 2 28/06 See a Hocked
City & State Midmi, FL City & State Phil	ladelphia, PA	6. FEI Number Applied For 42-1680619 Not Applicable
33137 Country USA Zip 1112	-7 Country USA	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Regi	stered Agent	
Name JEFFrey Bruno		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this
Suite, Apt. #, Etc		box, you are certifying the prior notices were not received and requesting the \$100
City Micmi	State Zip Code FL 33/37	reinstatement be waived.
Signature of Registered Agent REGISTERED AGENT/MUST SIGN 1, being appointed the registered agent of the above named limited liability company; am familiar with and accept the obligations of Chapter 608, F.S. Date 10/09/08		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manag	ger City / State / Zip
400136945714 10/15/0801022006 **277.50		
MERY Please note: Check	is For two you	ears.
Come Lori Gayman Bruno	I west Surset Ac	e Phila, PA 19/18
Gover Leonard Bruno.	I west Sunset A	re Phile, PA 18/18
JEFFREY Brunu	4131 Main St, April	B Anila, PA 19127
CONTAINED OT- OF AL		
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 pald. 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 10/04/08 Daytime Phone # 215_487-2806		
Typed or printed name of signing Managing Member/Manager TEFF Brun ()		