


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAY 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000005042 1. Entity Name 1785, LLC	
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Principal Place of Business 1785 N. STATE ROAD 7 MARGATE, FL 33063	Mailing Address 1785 N. STATE ROAD 7 MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02252008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4138976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
HONGNOPKHUN, PREECHA 1785 N. STATE ROAD 7 MARGATE, FL 33063

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this 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 registered agent.

SIGNATURE: *R. H. [Signature]* DATE: 4/16/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	HONGNOPKHUN, PREECHA	
STREET ADDRESS	1785 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	MGRM	<input type="checkbox"/>
NAME	HONGNOPKHUN, VIPA	
STREET ADDRESS	1785 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	MGRM	<input type="checkbox"/>
NAME	HONGNOPKHUN, BENJAMIN	
STREET ADDRESS	1785 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	MGRM	<input type="checkbox"/>
NAME	HONGNOPKHUN, CHRISTINE	
STREET ADDRESS	1785 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	70012075811	<input type="checkbox"/>	<input type="checkbox"/>
NAME	03/19/08--01041--002		
STREET ADDRESS	**277.50		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *R. H. [Signature]* Date: 3/10/08 Daytime Phone #: 954 979 9530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT 2007-08