REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L0000000536					03 APR - 1 AM 11: 08 SECRETARY OF STATE TABLE AHASSEE, PHORIDA		
1. Limited	UMENT# LOUUUU d Liability Company's Name SVB LLC	JUU536			900013925309		
	pal Office Address	3. Mailing O		047	01/0301001029 **45.00		
 		SAME Suite, Apt. #,	<u> </u>	4. State/Cour	ntry of Formation S.A.		
					nized or Qualified iness in Florida OCT. 10, 2001		
Boca	Raton	City & State		30-0/	er Applied For Not Applicable		
 ip Fl	Country U.S.A.	Zip	Country	7	S5.00 Additional Fee required for a Certificate of Status		
` 3 '	Street Address (P.O. Box Number Suite, Apt. #, Etc. City BOCA RATON	in Alad Annandahini	3291 BUTTERFIELD	LANE	State Zip Code FL 33433-7617		
ignature d egistered	of J Agent	PECHSTERED AG	liability company, am familiar with	and accept the obligat	tions of Chapter 608, F.S.		
Titles	nes and Street Addresses of Managing Name of Managing Members/Ma		Street Address of Managing Member/I	Fach	City / State / Zip		
RES	ROBERT SARASOHN	-	8291 BUTTERFIELD L		BOCA RATON,FL 33433		
					00013925309 /0301066008 **205.00		
					2007-2003 W		

11. I certify that I am managing manber/manager or the feceiver or trustee expowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application to 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 flability 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

Typed or printed name of signing Managing Member/Manager

Date 3-503

Daytime Phone # 6/- 48/-//34