

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  03 MAR -6 PM 2:21  000014098610 03/14/03--01099--023 **250.00																													
<b>DOCUMENT #</b> L00000003420 1. Limited Liability Company's Name  QUEENFERRY L.L.C.  <b>REINSTATEMENT 2001-2003</b>																																	
<b>2. Principal Office Address</b> 419 EAST COCONUT PALM ROAD Suite, Apt. #, etc.  City & State BOCA RATON, FLORIDA Zip Country 33432 USA		<b>3. Mailing Office Address</b> 419 EAST COCONUT PALM ROAD Suite, Apt. #, etc.  City & State BOCA RATON, FLORIDA Zip Country 33432 USA		<b>4. State/Country of Formation</b> FLORIDA  <b>5. Date Organized or Qualified To Do Business in Florida</b> 3/23/00  <b>6. FEI Number</b> 86-0753492 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table> <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>		Applied For	Not Applicable																										
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<b>8. Name and Address of Current Registered Agent</b> Name JORGE L. GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BOULEVARD Suite, Apt. #, Etc. SUITE 600 City State Zip Code CORAL GABLES, FLORIDA FL 33134																																	
<b>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.</b> Signature of Registered Agent  Date 3/4/03 REGISTERED AGENT MUST SIGN																																	
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1" style="width: 100%;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City/State/Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>THOMAS DULLY</td><td>419 EAST COCONUT PALM ROAD</td><td>BOCA RATON, FLORIDA 33432</td></tr><tr><td colspan="4" style="text-align: center;"><b>REINSTATEMENT 2001-2003</b></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip	MGRM	THOMAS DULLY	419 EAST COCONUT PALM ROAD	BOCA RATON, FLORIDA 33432	<b>REINSTATEMENT 2001-2003</b>																			
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<b>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.</b> Signature of Managing Member/Manager  Date 3/4/03 Daytime Phone # 1-561-750-3582 Typed or printed name of signing Managing Member/Manager THOMAS DULLY, MANAGING MEMBER																																	