PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  02 JAN - 2 AM   1: 34  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L_00000003792-  1. Limited Liability Company's Name		IALLAHASSEE, FLÖRIÐA
FORTUNATUS, L.I	ع. د. <sub>سو.</sub> .	
2. Principal Office Address 1360 SW ZI AVE	3. Mailing Office Address PO BOX 272332	4. State/Country of Formation
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	5. Date Organized or Qualified To Do Business in Florida 4/3/00
BOCA RATON, FL	BOCA RATON, FL	6. FEI Number Applied For Tot Applicable 7. (SS00 Additional Group and For
33486 USA	33427 USA	CERTIFICATE OF STATUS DESIRED S300 Additional Geographical (core) Cartificate of Status
Signature of Registered Agent RI	Acceptable 21 AVE  TDN  ove named limited liability company, am familiar with an acceptable accepta	TDDD4751797-5 -01/03/0201029010 *****150.00 *****150.00    State   Zip Code   FL   33486   discrept the obligations of Chapter 608, F.S.   Date   12/30/01
10. Names and Street Addresses of Managing Me	Street Address of Eac	ch City / State / Zip
Managing Members/Manag	<del></del>	BOLA RATON, FL 3348
		ENSTREE OCC
Aling this reinstatement application the reason fo	r dissolution has been eliminated, the limited liability con e been paid. The information indicated on this application between the limited liability con between paid. The information indicated on this application between the limited liability con liabil	plication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that in is true and accurate, and my signature shall have the same legal effect.    30/01   Daytime Phone #   501 - 362 - 6472