		PLEASE READ	ALL INSTRUCT	IONS BEFORE (	COMPLET	FING! THIS FORM	л. <b>Л.</b>	The state of the s	
LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		010	ANU FILED ICT 26 PM 3: 42 DETARY OF STATE			
DOCUMENT # LODODODODO OLO 1. Limited Liability Company's Name  320 Be (veclere, CCC						RETARY OF STATE AHASSEE, FLORID			
		eden Ad	3. Mailing Office Address 320 Belvedere Ref Suite, Apt. #, etc.		4. State/Cou	untry of Formation  A C C S  anized or Qualified	<del></del>	The second secon	
W. Palm Beach, For Zip Country 33405 USA			City & State  W. Pelm Beach, Fe  Zip Country  33405 (25A		6. FEI Numb	1020915	9		
8. Name and Address of Current Registered Agent    Name									
9. I, being a Signature of Registered A		registered agent of the above	GISTERED AGENT MUST	Tipany, am familiar with and	accept the obliga		<del></del>	CR2E041 (9/01)	
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Street Address of Each						<u> </u>		- Landson	3.1
Titles  MGA	Phil	Managing Members/Manager		Managing Member/Managing Member/Mem	ger	W. Pala Be	ach for 33		
filing this all fees	s reinstateme owed by the ade under oa	MIM	dissolution has been eliminated been para. The information	ated, the limited little ity comp indicated on this application	pany name satisfi is true and accur	ded for in chapter 608, F.S. I les the requirements of sectionate, and my signature shall be considered by the chapter of the	on 608.406, F.S., and that have the same legal effect		
Typed or prin	ted name of	signing Managing Member/N	nanager Phillip	, Gesue					