

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001
FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007588

1. Limited Liability Company's Name

Acquisition Group, LLC

2. Principal Office Address

400 S. Dixie Highway

Suite, Apt. #, etc.
2nd Floor

City & State
Hallandale, FL

Zip Country
33009 USA

3. Mailing Office Address

400 S. Dixie Highway

Suite, Apt. #, etc.
2nd Floor

City & State
Hallandale, FL

Zip Country
33009 USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6/27/2000

6. FEI Number

65-1020920

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Emanuel Benjamin

Street Address (P.O. Box Number is Not Acceptable)

400 S. Pointe Dr. # 510

Suite, Apt. #, Etc.
510

City
Miami Beach

800004666598-2

11/05/01 01003 003

****150.00 **** 50.00

State
FL

Zip Code
33139

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.

Signature of Registered Agent Emanuel Benjamin

Date 10/15/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing member	Emanuel Benjamin	400 S. Pointe Dr. # 510	Miami Beach, FL 33139
Managing member	Morris Vahnish	20530 NE 20 th Place	North Miami Beach, FL 33179

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.

Signature of Managing Member/Manager Emanuel Benjamin Date 10/15/01 Daytime Phone # 305-674-1886

Typed or printed name of signing Managing Member/Manager Emanuel Benjamin

CR20041 (9/00)