JUN-24-03 03:19PM FROM-South Florida Law Center T-832 P.002/002 F-223

L00000008013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008013

1. Limited Liability Company's Name

PAMELA ARMS, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
1782 E. Trafalgar Circle		1782 E. Trafalgar Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood, Florida		City & State: Hollywood, Florida	
Zip: 33020	Country: USA	Zip: 33020	Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: July 7, 2000

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Jeffrey Feinberg, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd.

Suite, Apt. #, Etc.: Suite 350 North Tower

City: Hollywood State: FL Zip Code: 33021

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: [signature] REGISTERED AGENT MUST SIGN Date 6/24/03

CR2E041 (10/02)

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
MGRM	Bishop, Milica M	1782 E. Trafalgar Circle	Hollywood, FL 33020

900021139199

REINSTATEMENT 2002-2003

BH COS

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: [signature] as attorney-in-fact Date 6/24/03 Daytime Phone # 954-962-8889

Typed or printed name of signing Managing Member/Manager: JEFFREY FEINBERG, ESQ.

CSC
CORPORATION SERVICE COMPANY

L00000008013

ACCOUNT NO. : 072100000032

REFERENCE : 146917 83810A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 205.00

ORDER DATE : June 25, 2003

ORDER TIME : 2:11 PM

ORDER NO. : 146917-005

CUSTOMER NO: 83810A

CUSTOMER: Ms. Shannon Pollitt
Feinberg & Maidenbaum
Suite 350 4000 Hollywood
Blvd., North Tower
Hollywood, FL 33021

03 JUN 25 PM 3:44
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PAMELA ARMS, L.L.C.

03 JUN 25 PM 2:26
RECEIVED
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS ________