PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE ary of State CORPORATIONS		FILED MAY 30 AH 10: 17	
DOCUMENT # L00000010416 1. Limited Liability Company's Name			SECRETANT OF STATE TALLAHASSEE, FLORIDA		
Lefeld & Son, LLC			000103907630 06/05/0701033001 **400.00		
2. Principal Office Address - No P.O. Box # 3. Mailing Off		ffice Address		CR2E041 (1/07)	
2562 West Indiantown Road	394 Mallard	Mallard Point		4. State/Country of Formation Florida/USA	
Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc.	l. #, etc.		5. Date Organized or Qualified To Do Business in Florida 09/0.1	
City & State Jupiter, Florida	City & State Jupiter, Florida		651041254 Applied For Not Applicable		
33458 Country USA	^{Zip} 33458	Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent					
Rodolfo Lefeld				reinstatement fee is imposed, except umstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable) 394 Mallard Point			receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
Suite, Apt. #, Etc.					
Jujiter	FL 33458	. reinstatement de waiveu.			
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 REGISTERED AGENT MUST SIGN				Date 5-/24/07	
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manager		City / State / Zip	
ngr Rodolfo Lefeld		394 Mallard Point		Jupiter, FL 33458	
	D				
REINSTATEMENT					
3002-200			7		
W.					
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 Date 5/21/07 Daytime Phone # 58/-339-/258					
Typed or printed name of signing Managing Member/Manager 2000CFO LEFECD					