PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT #	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATI Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED I NOV 19 AMII: ECRETARY OF STA	T=	
Solle, Apt. #, etc. Solle, Ap	1. Limited Liability Company's Name		TA	LLAHASSEE, FLOR	AIDA	
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Office Address	incipal Office Address 3. Mailing Office Address				
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite S	801 BREChell Ave	SAHUT	4. State/Cou	4. State/Country of Formation		
City & State Minut Country To Do Business in Florids 8 / 1 / 0 / Applied Early Applied Early Applied Early Not Applied Early Not Applied Early Recogniting Server Address of Current Registered Agent Name Rues to Source State	Suite, Apt. #, etc.	Suite, Apt. #, etc.	- F1	1		
Country To Country To Country To Certificate of Status Desired Street Address (PO Box Number is Not Acceptable) State April State State April State State April State State April State State April State	912 Floor	12 Floor		5. Date Organized or Qualified To Do Rusiness in Florida		
2p Country 7. CERTIFICATE OF STATUS DESIRED S000 Agriffication Rate originates of Current Registered Agent Surface Agent Must Surface Address of Each Managing Members/Managers Surface Address of Each Managing Members/Managers Surface Address of Each Managing Members/Managers Managing Members/Managing Members/Managers Managing Members/Managing Member	l ',	City & State				
3 3 1 3 1	Miami, FI		6. FEI Numi	6. FEI Number Applied For		
8. Name and Address of Current Registered Agent Name CRUES To OOUZD/EZ 1-2/11/01-01026-003 Street Address (P.O. Box Number is Not Acceptable) 26.55 Suite, Apt. #, Etc. City Con D/ GB J/ES, FL 33/54 9. 1. 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 REGISTERE AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Chapter 608, F.S. I further certify that when the same legal effect of the control	3.3/3/ Country DAde	Zip Country	7.	E OF STATUS DESIDES [7]	300 Additional Representati	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 3655 Suite, Apt. #. Etc. City Con D Gob Exp. Suite, Apt. #. Etc. City Con D Gob Exp. Signature of Registered Agent REGISTERE AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Chyl State / Zip Minut, Fl 33/3/1		8. Name and Address of Current Regi	stered Agent			
10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Manager P Albent G. // i.a.s.	Street Address (P.O. Box Number is No. 2655 Suite, Apt. #, Etc.	JEUNE ROAD SU		-12/11/01 ****150.00 # 2-B	01026003 ****150.00	
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip P Albent G. Hirs. A Street Address of Each Managing Members/Manager 891 Bricker II Ave. 97 F. Minn., Fl 33/3/ 11. I certify that I am managing members/Amager or the Selver 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 it also not be solution 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 name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that as if made under oath.	Signature of Registered Agent		and accept the oblig		10/ CRZEGA1 (9/01	
Managing Members/Managers Missing Managing Members/Managers Missing Mis			w.m.			
11. I certify that I am managing member furniger or the ceiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the tragon for esolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fegs owed by the limited liability company name satisfies the requirements of section 6		Street Address of E rs Managing Member/M	ach anager	City / State / Zip		
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Typed or printed name of signing Managing Member/Manager Albent G. Hinsch	as if made under oath. Signature & Manager Manager	been paid. The information indicated on this applicat	ompany name satisfion is true and accu	es the requirements of section rate, and my signature shall ha	n 608.406, F.S., and that ave the same legal effect	