

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000012210

Entity Name: OK, L.L.C.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

20355 N.E. 34 CT.
624
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20355 N.E. 34 CT.
624
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1052063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, DAVID ADATTO
250-180 DRIVE
CARIBBEAN BREEZE STE. 404
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

BEHAR, DAVID ADATTO
20355 N.E. 34 CT.
624
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID ADATTO

01/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BEHAR, DAVID ADATTO
Address: 250-180 DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: S () Delete
Name: ADATTO, RENEE
Address: 250-180 DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEHAR, DAVID ADATTO
Address: 20355 N.E. 34 CT SUITE 624
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: ADATTO, RENEE
Address: 20355 N.E. 34 CT SUITE 624
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID ADATTO

MGR

01/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date