

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L00000013162</b>					
<b>1. Entity Name</b> AOTRE LLC					
<b>Principal Place of Business</b> 1711 6TH AVENUE SOUTH LAKE WORTH, FL 33460			<b>Mailing Address</b> 7491 WEST OAKLAND PARK BLVD. LAUDERHILL, FL 33319		
<b>2. Principal Place of Business</b> 4846 NORTH UNIVERSITY DRIVE Suite, Apt. #, etc. #406 City & State LAUDERHILL, FL Zip 33351-4510 Country USA		<b>3. Mailing Address</b> 4846 NORTH UNIVERSITY DRIVE Suite, Apt. #, etc. #406 City & State LAUDERHILL, FL Zip 33351-4510 Country USA			
<b>4. FEI Number</b> 65-1041230			Applied For <input checked="" type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> Ostroff, Ron 7491 W. Oakland Park Blvd 100 Lauderhill, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name UCC Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1574 Village Square Blvd Ste 100 City Tallahassee FL Zip Code 32309		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u>R. Ostroff</u> DATE <u>9/27/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>AOT358</b> <b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSTROFF, RONALD J 7491 W. OAKLAND PARK BLVD., #100 LAUDERHILL, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2002, EFRAIM 4846 NORTH UNIVERSITY DRIVE, #406 LAUDERHILL, FL 33351-4510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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.</b>					
<b>SIGNATURE:</b> <u>EFRAIM 2002</u>			Date <u>9/7/06</u> (646)358-4059		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09052006 REIN-LLC CR2E101 (11/05)

REINSTATEMENT 2005-2006