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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

BENVENUTO HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015607

1. Limited Liability Company's Name
Benvenuto Holdings, LLC

2. Principal Office Address	3. Mailing Office Address
222 Lakeview Avenue	222 Lakeview Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
800	800
City & State	City & State
West Palm Beach, FL	West Palm Beach, FL
Zip / Country	Zip / Country
33401 / USA	22401 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/15/00

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

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

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Brian Courtney as its agent Date: 12-26-01

REGISTERED AGENT MUST SIGN

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	Richard K. Strauss	255 Ralston Avenue	Mill Valley, CA 94941

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] Date: 12/27/01 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Richard K. Strauss, Managing Member

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