


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000470

1. Limited Liability Company's Name
GOLDEN EGRET, LLC

JS
200058589882
08/15/05--01055--001 **355.00

2. Principal Office Address <u>7040 W. PALMETTO PARK RD</u> Suite, Apt. #, etc. <u>#4-143</u> City & State <u>BOCA RATON, FL</u> Zip <u>33433</u> Country <u>USA</u>		3. Mailing Office Address <u>38 CORD PL</u> Suite, Apt. #, etc. City & State <u>E. NORWICH NY</u> Zip <u>11732</u> Country <u>USA</u>	
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4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1/5/2001</u>	
6. FEI Number <u>65-1116989</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>WALTER BELOUS</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7040 W. PALMETTO PARK RD</u>		
Suite, Apt. #, Etc. <u>#4-143</u>		
City <u>BOCA RATON</u>	State <u>FL</u>	Zip Code <u>33433</u>

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 [Signature] Date 8-10-2005

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
<u>MM</u>	<u>WALTER BELOUS</u>	<u>38 CORD PL</u>	<u>E. NORWICH NY 11732</u>

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 8-10-05 Daytime Phone # 516-922-2839

Typed or printed name of signing Managing Member/Manager _____

CR2ED41 (10/02)