

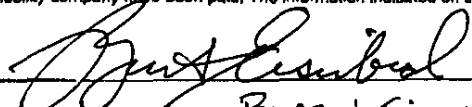


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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 AUG 12 PM 2:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L01000002343					
1. Limited Liability Company's Name DOUBLE BE INVESTMENT COMPANY, LLC					
2. Principal Office Address 21246-C Clubside Drive		3. Mailing Office Address 21246-C CLUBSIDE DR.		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 02/14/2001	
City & State Boca Raton, Florida		City & State BOCA RATON, FLORIDA		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33434	Country	Zip 33434	Country	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>	
8. Name and Address of Current Registered Agent					
Name Burton Eisenbud					
Street Address (P.O. Box Number is Not Acceptable) 21246-C Clubside Drive					
Suite, Apt. #, Etc.					
City Boca Raton				State FL	Zip Code 33434
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 				Date 8/11/04	
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	
Mem	Burton Eisenbud MGRM	21246-C Clubside Drive		Boca Raton, FL 33434	
Mem	Blas Elias MGR	8500 S.W. 86 th COURT 380 Sevilla Avenue, #104		MIAMI, FL 33143 Coral Gables, FL 33134	
				400040143914 08/12/04--01061--004 **250.00	
				2002-2003 2004	
REINSTATEMENT					
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 				Date 8/11/04 Daytime Phone # 561-289-0386	
Typed or printed name of signing Managing Member/Manager BURTON EISENBUD					