
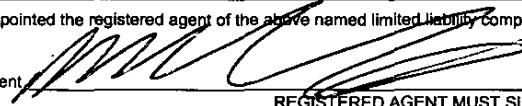
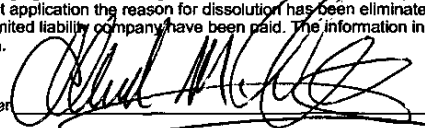


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000003310			
1. Limited Liability Company's Name P.A.G., L.L.C.			
2. Principal Office Address 326 Moody Blvd.		3. Mailing Office Address P.O. Box 2724	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Flagler Beach, FL		City & State Bunnell, FL	
Zip 32136	Country USA	Zip 32110	Country USA
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 03/05/2001	
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Chiumento & Associates, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 4 Old Kings Road North			
Suite, Apt. #, Etc. Suite B			
City Palm Coast		State FL	Zip Code 32137
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 8/24/06	
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	Albert Esposito	P.O. Box 2724	Bunnell, FL 32110
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 8/23/06	
Typed or printed name of signing Managing Member/Manager Managing Member		Daytime Phone # 388 603-0936	



L01000003310

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 335260 9955A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 1080.00

FILED
06 AUG 25 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 25, 2006

ORDER TIME : 9:14 AM

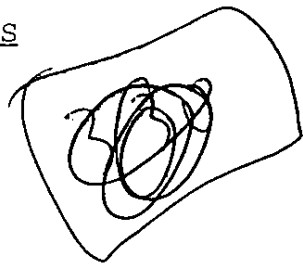
ORDER NO. : 335260-005

CUSTOMER NO: 9955A

280
BR

DOMESTIC FILINGS

NAME: P.A.G., L.L.C.



XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 AUG 25 AM 10:52
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____