

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 09

<b>DOCUMENT # L01000004541</b> 1. Entity Name <b>STRUCTURE 1, LLC</b>																											
Principal Place of Business 9715 WEST BROWARD BLVD PMB 147 PLANTATION, FL 33324-2351 US		Mailing Address 9715 WEST BROWARD BLVD PMB 147 PLANTATION, FL 33324-2351 US																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1940 HARRISON ST Suite, Apt. #, etc. STE 202 City & State HOLLYWOOD, FL Zip Country 33020-5072 US																									
4. FEI Number <b>65-1084033</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent JUMPING JAX TAX, INC. 1940 HARRISON ST STE 102B HOLLYWOOD, FL 33020-5072		7. Name and Address of New Registered Agent Name JUMPING JAX TAX, INC. Street Address (P.O. Box Number is Not Acceptable) 1940 HARRISON ST STE 202 City HOLLYWOOD FL Zip Code 33020-5072																									
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>JUMPING JAX TAX, INC.</b> SIGNATURE <i>JOHN J. MALERBA</i> <b>JOHN J. MALERBA, PRESIDENT</b> DATE <b>01 OCT 05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCKENZIE, KARIBE O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9715 W BROWARD BLVD PMB 147</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 333242351</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	MCKENZIE, KARIBE O		STREET ADDRESS	9715 W BROWARD BLVD PMB 147		CITY-ST-ZIP	PLANTATION, FL 333242351		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WATSON, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9715 W. BROWARD BLVD PMB 147</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324-2351</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WATSON, LISA		STREET ADDRESS	9715 W. BROWARD BLVD PMB 147		CITY-ST-ZIP	PLANTATION, FL 33324-2351	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if 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>JOHN J. MALERBA, PRESIDENT</b> <b>SIGNATURE: <i>JOHN J. MALERBA</i> JUMPING JAX TAX, INC., AUTHORIZED REP 01 OCT 05 (800) 263-2347</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											