


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L01000005966																															
1. Limited Liability Company's Name Cullens Enterprises, LLC																															
2. Principal Office Address - No P.O. Box # 1825 Via Contessa Suite, Apt. #, etc.		3. Mailing Office Address 2226 Pebble Creek Dr. Suite, Apt. #, etc.																													
City & State Winter Park, FL		City & State Hialeah, IL																													
Zip 32789	Country US	Zip 60532	Country USA																												
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 04/16/2001																													
6. FEI Number 20-8383965		Applied For <input 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 J. Patrick Anderson Street Address (P.O. Box Number is Not Acceptable) 930 S. Harbor City Boulevard Suite, Apt. #, Etc. Suite 505 City Melbourne		State FL Zip Code 32901																													
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 <u>2/20/07</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Titles</th> <th style="width:30%;">Name of Managing Members/Managers</th> <th style="width:30%;">Street Address of Each Managing Member/Manager</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MBRM</td> <td>E. Van Cullens</td> <td>1825 VIA Contessa</td> <td>WINTER PARK FL 32789</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>400091009554</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>03/06/07--01022--001 ***350.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MBRM	E. Van Cullens	1825 VIA Contessa	WINTER PARK FL 32789				400091009554				03/06/07--01022--001 ***350.00												
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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 <u>E. Van Cullens</u> Date <u>2-23-07</u> Daytime Phone # <u>630-291-7439</u> Typed or printed name of signing Managing Member/Manager <u>E. Van Cullens</u>																															

REINSTATEMENT 03-07