

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L01000007826

1. Entity Name
OB, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:40

Principal Place of Business
POST OFFICE BOX 52558
JEDDAH 21573
SAUDI ARABIA,

Mailing Address
POST OFFICE BOX 52558
JEDDAH 21573
SAUDI ARABIA,

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082005 REIN-LLC CR2E101 (6/04)

4. FEI Number
52-2333163

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC.
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

Name
Kenneth L. Schlitt

Street Address (P.O. Box Number is Not Acceptable)
Keating & Schlitt, P. A.

749 N. Garland Ave., Suite 101

Orlando

FL Zip Code
32801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/15/05
DATE

FILE NUMBER: FSB-1070400-00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BAFAGIH, OTHMAN M
PO BOX 52558, JEDDAH 21573
SAUDI ARABIA,

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
000076019250
06/08/06-01042--010 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
000076019250
06/08/06-01042--011 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
REINSTATEMENT 04-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

OTHMAN BAFAGIH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #