


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # L01 00000 8543																			
1. Limited Liability Company's Name <i>Procraft of South Florida, LLC</i>																			
2. Principal Office Address - No P.O. Box # <i>1128 Royal Palm Blvd</i> Suite, Apt. #, etc. <i>#116</i> City & State <i>Royal Palm Beach, FL</i> Zip <i>33411</i> Country <i>Palm Beach</i>		3. Mailing Office Address <i>1128 Royal Palm Blvd</i> Suite, Apt. #, etc. <i>#116</i> City & State <i>Royal Palm Beach, FL</i> Zip <i>33411</i> Country <i>Palm Beach</i>																	
4. State/Country of Formation <i>Florida - Palm Beach</i>		5. Date Organized or Qualified To Do Business in Florida <i>05/29/2001</i>																	
6. FEI Number <i>36-4448234</i>		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 <i>Dennis S. Eisnangle</i> Street Address (P.O. Box Number is Not Acceptable) <i>1128 Royal Palm Beach Blvd.</i> Suite, Apt. #, Etc. <i>#116</i> City <i>Royal Palm Beach</i> State <i>FL</i> Zip Code <i>33411</i>																			
<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																			
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 <i>[Signature]</i> Date <i>6/6/08</i> REGISTERED AGENT MUST SIGN																			
10. Names and Street Addresses of Managing Members/Managers																			
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P.</td><td><i>Dennis S Eisnangle</i></td><td><i>1128 Royal Palm Blvd #116</i></td><td><i>Royal Palm Beach, FL 33411</i></td></tr><tr><td>VP</td><td><i>Kenneth B Haugh</i></td><td><i>10181 SW 67th Court</i></td><td><i>Ocala, FL 34476</i></td></tr><tr><td colspan="4" style="text-align: center;"><b>REINSTATEMENT 2006-2008</b></td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	P.	<i>Dennis S Eisnangle</i>	<i>1128 Royal Palm Blvd #116</i>	<i>Royal Palm Beach, FL 33411</i>	VP	<i>Kenneth B Haugh</i>	<i>10181 SW 67th Court</i>	<i>Ocala, FL 34476</i>	<b>REINSTATEMENT 2006-2008</b>			
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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 <i>[Signature]</i> Date <i>6/6/08</i> Daytime Phone # <i>561-346-2170</i> Typed or printed name of signing Managing Member/Manager <i>DENNIS S EISNANGLE</i>																			

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FILED  
JUN 12 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA