
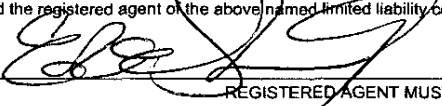
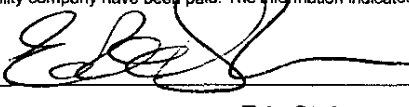


L01000009305

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000009305			
1. Limited Liability Company's Name ALEXIS CHASE INVESTMENT TRUST, LLC			
2. Principal Office Address PO Box 221268 Suite, Apt. #, etc. City & State Hollywood, Florida Zip 33022 Country USA		3. Mailing Office Address PO Box 221268 Suite, Apt. #, etc. City & State Hollywood, Florida Zip 33022 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 06/11/2001	
6. FEI Number 65-1112498		Applied For 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 Eric Steinman c/o Charles Otto P.A. Street Address (P.O. Box Number is Not Acceptable) 3990 Sheridan Street Suite, Apt. #, Etc. Suite 109 City Hollywood State FL Zip Code 33021			
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 04/12/2004 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
MGR	Eric Steinman	PO Box 221268	Hollywood, FL 33022
MGR	Jonathan Kitzen	PO Box 221268	Hollywood, FL 33022
REINSTATEMENT 2003-2004			
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 04/12/2004	Daytime Phone# 954-655-1800
Typed or printed name of signing Managing Member/Manager Eric Steinman			

FILED
04 APR 13 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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