


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L010000014286**

\$200.00

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
07 JAN 26 PM 3:26  
TALLAHASSEE, FLORIDA

*BK*

CR2E041 (8/05)

**DOCUMENT #**  
1. Limited Liability Company's Name  
**AUSIT TD, LLC**

<b>2. Principal Office Address</b> 5005 Texas Street		<b>3. Mailing Office Address</b> 5005 Texas Street	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State San Diego, CA		City & State San Diego, CA	
Zip 92108	Country USA	Zip 92108	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>6. FEI Number</b> 593740931	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
Name <b>Paracorp Incorporated</b>	900087211459 02/05/07--01004--021 **100 00
Street Address (P.O. Box Number is Not Acceptable) <b>236 East 6th Avenue</b>	
Suite, Apt. #, Etc.	
City <b>Tallahassee</b>	State <b>FL</b>
	Zip Code <b>32303</b>

**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 *B. Deitz* **Secretary** Date **01-25-07**

REGISTERED AGENT MUST SIGN

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stephen Kaplan	5005 Texas Street, Suite 105	San Diego, CA 92108
MGRM	Howard Kaplan	5005 Texas Street, Suite 105	San Diego, CA 92108

**REINSTATEMENT 2006-2007**

**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 *Howard Kaplan* Date **1/24/2006** Daytime Phone # **(619)220-6700**

Typed or printed name of signing Managing Member/Manager **Howard Kaplan MGMR**