
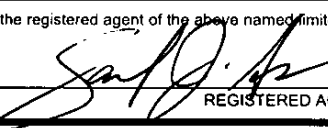



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FOR CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000017316					
1. Limited Liability Company's Name CORINTHIA LLC					
2. Principal Office Address U FARMY 1252/38 <small>Suite, Apt. #, etc.</small>			3. Mailing Office Address 910 FOULK ROAD <small>Suite, Apt. #, etc.</small> SUITE 201		
City & State KARVINA			City & State WILMINGTON, DE		
Zip 733 01	Country CZECH REPUBLIC	Zip 19803	Country US	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 10-08-01	
				6. FEI Number	<input type="checkbox"/> Applied For <input checked="" 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 ARD, SHIRLEY & HARTMAN, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 207 WEST PARK AVENUE					
Suite, Apt. #, Etc. SUITE B					
City TALLAHASSEE				State FL	Zip Code 32301
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 4/20/06		
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	STANISLAV RASZYK	U FARMY 1252/38		KARVINA, CZECH REPUBLIC 733 01	
				600076293916 06/16/06--01042--019 **300.00	
				02-06	
				600076293916 06/16/06--01042--019 **50.00	
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 04-11-06 Daytime Phone #		
Typed or printed name of signing Managing Member/Manager STANISLAV RASZYK, MANAGER					