



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L01000018287 1. Entity Name AND PAT, LLC	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUN 13 AM 10:53

Principal Place of Business 791 CAL COVE DR. FORT MYERS, FL 33919 US	Mailing Address 791 CAL COVE DR. FORT MYERS, FL 33919 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06062006 REIN-LLC CR2E101 (11/05)

4. FEI Number 65-1155113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCALPINE, RANDI 791 CAL COVE DR. FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Randi McAlpine* (NOTE: Registered Agent signature required when reinstating) DATE 1 JUNE 2006

FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	
NAME	ELIAS, ANDREW	
STREET ADDRESS	52 PARK AVE. E.	
CITY-ST-ZIP	MERRICK, NY 11566	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SIMMS-ELIAS, PATRICE	
STREET ADDRESS	52 PARK AVE., E	
CITY-ST-ZIP	MERRICK, NY 11566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	500076365045	
NAME	06/20/06--01014--017 **200.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Andrew Elias* DATE: 1 JUNE 2006 DAYTIME PHONE #: 516-652-6072

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