PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT Secretary of State DOCUMENT # 1. United Libethy Company's Name Yankee MGT LLC 2. Persopal Office Address 1844 North Nob Hill Road 1845 North Nob Hill Road 1846 North Nob Hi	LIMITED HADILITY			FILED	
1. Limited Labeliery Company's Name Yankee MGT LLC 2. Principal Office Address 1844 North Nob Hill Road 1845 North Nob Hill Road 1846 North Nob Hill Road 20 Suite 173 5. Diet Organization 1846 Organization, Florida 20 Suite 173 5. Diet Organization 20 Suite 173 5. Diet Organization 20 Suite 173 5. Diet Organization 20 Suite 173 6. FEI Number 20 Suite 173 7. CERTIFICATE OF STATUS DESIRED 20 Suite State 20 Suite 173 20 Suite		COMPANY Secretary of State		5	
1. Limited Labeliery Company's Name Yankee MGT LLC 2. Principal Office Address 1844 North Nob Hill Road 1845 North Nob Hill Road 1846 North Nob Hill Road 20 Suite 173 5. Diet Organization 1846 Organization, Florida 20 Suite 173 5. Diet Organization 20 Suite 173 5. Diet Organization 20 Suite 173 5. Diet Organization 20 Suite 173 6. FEI Number 20 Suite 173 7. CERTIFICATE OF STATUS DESIRED 20 Suite State 20 Suite 173 20 Suite	DOCUMENT # 1.0100022094 .			SECRETARY OF STATE TALLALIANSEE, FLORIDA	
2. Principal Office Address 1844 North Nob Hill Road 1844 North Nob Hill Road Suite, Apt. #, etc. Suite 173 Suite 173 Cry & State Cry & State Cry & State Plantation, Florida 1844 North Nob Hill Road Suite 173 Suite 173 Suite 173 Suite 173 Cry & State To Do Bushess in Florids 12/14/2001 G. FEI Number Applied For Year Application To Centrify To Cen	1. Limited Liability Company's Name			world _A	
3. Mailing Office Address 1844 North Nob Hill Road Suite, Apt. #, etc. Suite 173 City & State City & State Plantation, Florida City & State City & City & City & City City & City & City & City & City City & City	Talikee WGT LLC				
Suite Assite Suite 173 Sui				CR2E041 (8/05)	
Suite 173 Suite 173 Suite 173 City & State Plantation, Florida Plantation, Florida Plantation, Florida Plantation, Florida Zp 33322 Country Count				4. State/Country of Formation	
City & State Plantation, Florida Plantation, F				Fiorida	
26 Name and Address of Current Registered Agent Scott Arenberg Super Address (P.C. Box Number is Not Acceptable) Suffer And P. F. Brand Address of Current Registered Agent Suffer And P. F. Brand Address of Current Registered Agent Suffer And P. F. Brand Address of Current Registered Agent Suffer And P. F. Brand Address of Current Registered Agent Suffer And P. F. Brand Address of Current Registered Agent Suffer And P. F. Brand Address of Managing Members Managers F. L. Brand Address of Managing Members Managers Titles Name of Managing Members Managers Name of Managing Members Managers REGISTERED AGENT MUST SIGN Street Address of Each Managing Members Managers REGISTERED AGENT MUST SIGN P. Scott Arenberg REGISTERED AGENT MUST SIGN Street Address of Each Managing Members Managers REGISTERED AGENT MUST SIGN P. Scott Arenberg REGISTERED AGENT MUST SIGN Date Date Date Titles Name of Managing Members Managers Name of Managing Members Managers REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN Date Date Titles Managing Members Managers Name of Managing Members Managers REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN Date Date Date Titles Managing Members Managers Name of Managing Members Managers REGISTERED AGENT MUST SIGN Registered Address of Each Managing Members Managers Registered Agent Members Managers Registered Agent Members Members Members Members Members Members of Each Managing Members	City & State City & State			To Do Business in Florida 12/14/2001	
B. Name and Address of Current Registered Agent Scott Arenberg Steel Address of Current Registered Agent Name Scott Arenberg Steel Address of Current Registered Agent Suffice April 19 10 10 10 10 10 10 10 10 10 10 10 10 10	· · · · · · · · · · · · · · · · · · ·			✓ Not Applicable	
Stool Arenberg				CERTIFICATE OF STATI IS DECIDED.	
Scott Arenberg Street Adgress (P.D. Box Number, in Not Acceptable) Suite, Age, if Fig. Suite 173 Plantation, Florida State Zip Goode FL 33322 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Members/Managers Managing Members/Managers Street Address of Each Managing Members/Managers Registered Managing Members/Managers Registered Managers Registered Man	Name	8. Name and A	Address of Current Register	ed Agent	
Suite 173 Plantation, Florida State 33322 8. 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Figure 1 Accept 1 Accep	Scott Arenberg				
Plantation, Florida State FL 33322 3. 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers P Scg # Arenberg K44 N Vob Hill Rcl 50 de 173 Plant at ion FL 33332 11. locatify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E. S. Introduction has been eliminated, the limited liability company name satisfies the requirements of section 508.466, F.S., and that all flees 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 cath.					
3. 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	Suite 173				
Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Managing Members/Managers City/ State / Zip P Scott Acenberg Registered Addresses of Each Managing Members/Managers Plant Ation Rt 33333 11. Contributed that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E.s. Intributed liability company name satisfies the requirements of section 608 406, F.S., and that all fless cowed 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.					
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip P Scott Arenberg Registered Agent Note Hill Religion Member/Manager City / State / Zip 11. Icertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E.S. Hunder during lifes 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 fies owned 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.		ve named limited liability co	ompany, am familiar with and a	accept the obligations of Chapter 608, F.S.	
Name of Managing Members/Managers Street Address of Each Managing Members/Manager P Scott Arenberg R44 N Voh Hill R2, 50 the 173 P(Amt Ation RC 33302) 1. Centify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E.s. Airpha duration when filling 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 owned by the limited institute or the 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.	Registered Agent	EGISTERED AGENT MUST	r sign	Date	
Managing Members/Managers Managing Member/Manager Regular of the following state of the f	10. Names and Street Addresses of Managing Men	nbers/Managers			
certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608. E.S. Music depth, that when filling 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.	Managing Members/Manage		ger City / State / Zip		
Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E.S. furthe death and 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.	P Scott Arenberg 1844 N NOW HILL Rd, SUITE 173 Plantation FC 33322				
Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 E.S. furthe death and 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.				FINCTATEMENT QQ-QX	
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.				TREAD & LE R STREET HA II OU DA	
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.				16-9	
Signature of Managing Member/Manager Date 10/27/0h Davtime Phone #	filing this reinstatement application the reason for all fees owed by the limited liability company have	dissolution has been elimin	ated, the limited liability como	any name satisfies the requirements of section 608 406 F.S. and that	
Signature of Managing Member/Manager Date 10/27/06 Daytime Phone# Typed or printed name of signing Managing Member/Manager Scatt Acenbera		Manager 5 Cd	# Arenb	27/06 Daytime Phone#	