

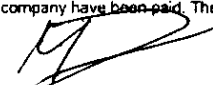


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000000777			
1. Limited Liability Company's Name Defco Asset Management LC			
2. Principal Office Address Box 7853, SAIF Zone Suite, Apt. #, etc. Executive Suite 42 City & State Ajman Zip 14 936 Country UAE		3. Mailing Office Address 1220 N. Market St. Suite, Apt. #, etc. Suite 804 City & State Wilmington, DE Zip 19801 Country	
4. State/Country of Formation FI		5. Date Organized or Qualified To Do Business in Florida 1/10/2002	
6. FEI Number		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 Florida Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive Suite, Apt. #, Etc. Suite A 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 5/3/07 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	Michael DWEN	Box 7853 SAIF Zone	14 936 Ajman, UAE
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 7-4-2007 Daytime Phone # 302-421-5850 Typed or printed name of signing Managing Member/Manager Michael DWEN			

FILED

07 MAY -3 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (8/05)

REINSTATEMENT 2005-2007
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 05-03-07

NAME: DEFCO ASSET MANAGEMENT, LC

TYPE OF FILING: REINSTATEMENT

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COST: \$250 + 5.00 = 255.00

RETURN: *Good Standing*

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
2007 MAY -3 PM 12:57
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SUFFICIENCY OF FILING

*Please forward the good
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