255.04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY**

Signature of Manager Manager

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Date 02/27/06 Daytime Phone # 941 3203228

REINS	TATEMENT		DIVISION OF	CORPORATIONS	06 MAR 17 AM 10: 07			
1. Limited Lia	bility Company's Na	0200000669 MATIONAL L			d			
2. Principal Office Address 1900 Ben Franklin Dr			3. Mailing Office Address		CR2E041 (8/05)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA			
Ste 303A					5. Date Organized or Qualified To Do Business in Florida 3/20/02			
city & State Sarasota, FL			City & State		6. FEI Number 35-2166821 Applied For Not Applicable			
^{Zip} 34236	Country	y	Zip	Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent								
	ANN MUCKLE							
•	Street Address (P.O. Box Number is Not Acceptable) 1900 Ben Franklin Dr							
	Suite, Apt. #, Etc. Ste 303A							
Sarasota					State Zip Code FL 34236			
9. I being an	anointed the register	ed agent of the above	named limited liability	company am familiar y	r with and accept the obligations of Chanter 608, F.S.			

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 o Registered		Date					
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				
MGRM	HAMED TALEB	1900 Ben Franklin Dr Ste 303A	Sarasota, FL 34236				
		4[04/09	00069535134 0601032011 **250.00				
		· · ·					
		NEW STATISMER	1 <u>04-06</u>				
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. 941 388 36 73							