PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LI COMP REINSTAT	ANY	Secretar	TMENT OF STATE y of State corporations	N/6	New Asher	15. 25.	,0	
DOCUME 1. Limited Liability PAL		0001021 owers, uu			NW Pr	EC 30 AH		
2. Principal Office Address		3. Mailing Office Address		M.		ب		
1251 BANYAN ROAD		SAME		4. State/Country of Formation FLOCICA - POLM BEACH				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified				
City & State		City & State		5. Date Organized or Qualified To Do Business in Florida 4/23/2002				
		·		6. FEI Number Applied For Not Applied by Not Applied For Not A				
Zip 33432	Country BEACH	Zíp	Country	7.	OF STATUS DESIRED	\$5.00 Additional for a Certificate		
		Q Name and a	Address of Current Besiste	red Accest		107 a Certificate	Orstatus	
8. Name and Address of Current Registered Agent Name								
ì	WILLIAM D. YAHN							
Street Address (P.O. Box Number is Not Acceptable) 1251								
Suite	, Apt. #, Etc.			02/01	/0501009 - :	001 **156	.00	
City	N/A BOLA RACO	~			State Zip Code	/32		
9. I, being appoints	ed the registered agent of the abo		empany, am familiar with and	accept the obligati				
Signature of Registered Agent _	10	EGISTERED GENT MUST			Date			
40			SIGN					
	treet Addresses of Managing Men Name of	nbersmanagers	Street Address of Eac	<u>, </u>				
Titles	itles Managing Members/Managers		s Managing Member/Mar		ager Cny / State			
MbR u	ILLIAM D. YA	-Hn 123	51 Banyan P	38AO	BOLA BAL	EN, FL 334 5 DED	/3.2	
		•				30		
		<u> </u>	REWSTATEMEN		2005	AM IO:	એ 독자 경우	
	•					70	<u>- 2</u>	
filing this reinst fill fees owed b as if made und signature of Managing Member/	Manager	dissolution has been elimin a been paid. The information	nated, the limited liability comp in indicated on this application	pany name satisfies is true and accura	s the requirements of sec	ction 608.406, F.S., all have the same le	and that gal effect	
Typed or printed nar	me of signing Managing Member/	Manager	LLIAM P	MHA				