## PLEASE READ AIL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY					DEPARTMENT OF STATE Secretary of State Ision of Corporations			SECRETARY OF STATE DIVISION OF CORPORATIONS  05 JAN 31 AM 10: 40					
DOCUMENT # L02000012622  1. Limited Liability Company's Name  ASSB HOLDING COMPANY, L.L.C								ηQ					
 								1XX					
					Mailing Office Address 9500 MEILLEUR			90				<del></del>	
Suite, Apt. #		.00		Suite, Apt. #,				4. State/Country of Formation FLORIDA					
265-S 502					. <del>W</del> , <del>G</del> 10.			5. Date Organ	ized or Q	ualified	AV 22	2002	
City & State City & State								To Do Busi		/	AY 22,		
HOLLYWOOD, FL.				MONTF	QUEBEC		20-2240728				$+$ $\overset{\dots}{}$	ed For pplicable	
<sup>Zip</sup> 33021		Country		H2N 2B	7	CANADA		7. CERTIFICATE	OF STATU	S DESIRED		litional Fe ertificate c	e required of Status
	8. Name and Address of Current Registered Agent												
	Name SIMON BERDUGO										NI_(	)3.	05
	Street Address (P.O. Box Number is Not Acceptable) 3725 SOUTH OCEAN DRIVE												
	Suite, Apt.	PH16											
	City HO	VOOD			State FL	Zip Code 33020	0						
9. I, being appointed the registered agent of the above haved limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN													
10. Name	es and Street A	\ddresse:	s of Managing Men	nbers/Managers									
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Manager			h nger		Clt	y / State / Zip	·	
MGMR	SIMON BERDUGO				3725 SOUTH OCEAN DRIVE #PH16			HOLL	YWOOD	FL. 3302	20	, .	
	<u> </u>	-			02/07				0046026331 0501035017 **250.00				
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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 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.  Signature of Managing Member/Manager  Date 1-28-05  Daytime Phone #  SIMON BERDU60													
Typed or pr	rinted name of	signina !	Managing Member	/Manager			1401	N BER	DUE	60 <u> </u>			]