
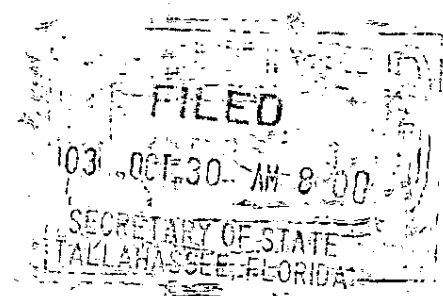


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L02000017641

1. Limited Liability Company's Name

PERTINAX, LLC

2. Principal Office Address
2855 Hurlingham Drive

3. Mailing Office Address
5606 PGA Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 211

City & State
Wellington, Florida

City & State
Palm Beach Gardens, FL

Zip Country
33414 USA

Zip Country
33418 USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

July 12, 2002

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Frederic T. DeHon, Jr., P.A.

Street Address (P.O. Box Number is Not Acceptable)
5606 PGA Boulevard

200024289592
10/30/03--01051--019 **150.0

Suite, Apt. #, Etc.
Suite 211

City
Palm Beach Gardens

State Zip Code
FL 33418

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/

Date 10/10/03

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
Mbr	Jack F. Maxwell	2855 Hurlingham Drive	Wellington, FL 33414

REINSTATEMENT 03
dec

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 10-20-03 Daytime Phone # 561-310-3164

Typed or printed name of signing Managing Member/Manager JACK F. MAXWELL