
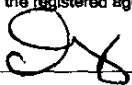


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 28 PM 5:15 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # L02000024343					
1. Limited Liability Company's Name Faxoris LLC					
2. Principal Office Address 6715 mission club Blvd. Suite, Apt. #, etc. #206 City & State Orlando, Florida Zip 32821 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 9-18-2002 6. FEI Number 134213732 Applied For 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 Christopher Wray	
Street Address (P.O. Box Number is Not Acceptable) 6715 mission club Blvd.	
Suite, Apt. #, Etc. 206	
City Orlando	State FL
	Zip Code 32821

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.

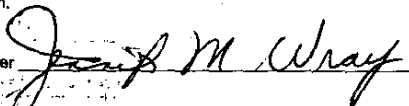
Signature of Registered Agent  Date 10-21-03

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
VP	Jennifer Wray	6715 mission club Blvd #206	Orlando, Fl. 32821

REINSTATEMENT 2003

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 10-21-03 Daytime Phone # 407-947-3482

Typed or printed name of signing Managing Member/Manager

CR2EM1 (10/02)