

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 21 P 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **Emmett, LLC**

1. Limited Liability Company's Name

L02000024675

2. Principal Office Address - No P.O. Box #

33 MUNROE ST.

Suite, Apt. #, etc

UNIT 1

City & State

LYNN MA

Zip

01901

Country

U.S.A.

3. Mailing Office Address

33 MUNROE ST.

Suite, Apt. #, etc

UNIT 1

City & State

LYNN MA

Zip

01901

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

9/19/02

6. FEI Number

04-3712473

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

SMALL BUSINESS RESOURCES USA, INC

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

773 S. KIRKMAN RD.

Suite, Apt. #, Etc.

SUITE 118

City

ORLANDO

State

FL

Zip Code

32811

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived

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

James K. [Signature]
REGISTERED AGENT MUST SIGN

Date **4/15/02**

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
MEMBER	GREGORY A. GRAY	33 MUNROE ST, #1	LYNN, MA 01901
			300121304409
			03/26/08--01004--017 **238
		REINSTATEMENT	06-08
			<i>[Signature]</i>

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

Gregory A. Gray

Date **11-30-07**

Daytime Phone # **617-457-2644**

Typed or printed name of signing Managing Member/Manager

GREGORY A. GRAY