


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
05 APR 14 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 02 0000 25837

1. Limited Liability Company's Name

Porten Management, LLC

2. Principal Office Address

666 S. Military Trail "SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Zip 33442 Country USA

Zip Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10/1/02

6. FEI Number

16-1632670

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

Scott Porten

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

666 South Military Trail

Suite, Apt. #, Etc.

City

Deerfield Beach

State

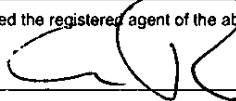
FL

Zip Code

33442

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 4/11/05

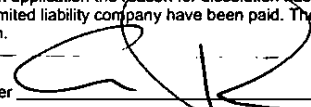
REGISTERED AGENT MUST SIGN

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
MEM	Scott Porten	666 S. Military Trail	Deerfield Beach FL 33442
			700054215507 05/10/05--01063--009 **255.00
			REINSTATEMENT 2003-05

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

4/11/05

Daytime Phone #

954-422-1003

Typed or printed name of signing Managing Member/Manager

Scott Porten

CR2E041 (10/02)