LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 OCT 10 AH 8:00
DOCUMENT # LOB C	6 25 of cood	SECRETARY OF STATE TALLAHASSEE, FLORIDA
VJG, L.L.		500023701175 10/10/0301025001 **150.00
2. Principal Office Address 11764 Fast Colonial Dr. Suite, Apt. #, etc.	3. Mailing Office Address 2431 Aloma Avenue Suite, Apt. #, etc. 5uiTe-153	4. State/Country of Formation + LURIDA / USA -5. Date Organized or Qualified To Do Business in Florida 0 0 2002
Orlando Florida Zip 32817 Gountry M-5.A-	City & State WinTer Park Florida Zip Zip Country 11-5-A	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 Clifford J- Geismar		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc.		
City Winter park State Zip Code FL 32792		
Signature of Registered Agent Clu C	ve named limited liability company, am familiar with and	Date 10/6/03
Names and Street Addresses of Managing Members/Managers		

Registered Agent

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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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, 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

Signature of Managing Member/Manager _

Daytime Phone# 457-673-1087

Typed or printed name of signing Managing Member/Manager <u>Cuttova</u> BJ- GelSmay

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