## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

## DIVISION OF CORPORATIONS **DOCUMENT # L02000028334** 1. Entity Name 05 JUN -6 AM 10: 34 PELICAN ENTERPRISES GROUP, L.L.C. Principal Place of Business Mailing Address C/O KRAMER, GREEN, ET AL C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BLVD, STE 485-SOUTH 4000 HOLLYWOOD BLVD, STE 485-SOUTH HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 3922 ESTETONA AVE 3922 ESTETONA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 05262005 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For MIRMI MIAMI 16-1635778 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired FL 33178 usa usA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VICKI HINZ KRAMER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021 9655 5. DIXIE HUY 314 Floor Zip Code 156 8. The above named earlity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligationer SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Change MGR TITLE ☐ Delete ☐ Addition TITLE VILLE JOINT, JACQUES ANDRE VILLEJOINT, JACQUES ANDRE NAME NAME 3922 ESTÉTONA AVE 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MIAMI, FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **800055828488** 06/06/05--01055--009 \*\*20 NAME NAME STREET ADDRESS STREET ADDRESS \*\*200.0Ü CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company on the repolice or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #