

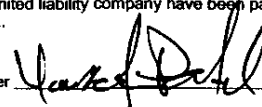


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  2004 OCT 15 A 11:35  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> L02000032119				
<b>1. Limited Liability Company's Name</b>  Om Shiv Enterprises, L.L.C.				
<b>2. Principal Office Address</b> 3096 Curry Ford Rd. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 3019 Cypress Gardens Blvd. <small>Suite, Apt. #, etc.</small>		<b>4. State/Country of Formation</b> Florida
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Winter Haven, FL		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/2/2002
<b>Zip</b> 32806	<b>Country</b> USA	<b>Zip</b> 33880	<b>Country</b> USA	<b>6. FEI Number</b> 68-0531305 <div style="float: right;"><small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small></div>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>				
<b>8. Name and Address of Current Registered Agent</b>				
<b>Name</b> Patel, Vasant				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3616 Royal Crest Dr.				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> Lakeland			<b>State</b> FL	<b>Zip Code</b> 33813
<b>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.</b>				
<b>Signature of Registered Agent</b> 		<b>REGISTERED AGENT MUST SIGN</b>  <b>Date</b> 10/15/04		
<b>10. Names and Street Addresses of Managing Members/Managers</b>				
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>	
MGR	Patel, Vasant	3616 Royal Crest Dr.	Lakeland, FL 33813	
MGR	Patel, Abhilasha H.	3616 Royal Crest Dr.	Lakeland, FL 33813	
MGR	Patel, Manda B.	2448 High Ave.	Vestal, NY 13850	
<b>REINSTATEMENT</b> 03-04 600041908506 10/15/04--01091--018 **200.00 dce				
<b>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.</b>				
<b>Signature of Managing Member/Manager</b> 		<b>Date</b> 10/15/04 <b>Daytime Phone #</b> (863) 326-1932		
<b>Typed or printed name of signing Managing Member/Manager</b>				

CR2E041 (10/02)