PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # LOZOOO32211 1. Limited Liability Company's Name MPTK AUVIL Enterprises LLC		2004 DEC 30 PM 1: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address 3. Mailing of Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. # City & State	Office Address , etc. Country	5. Date Organized or Qualified To Do Business in Florida 6. FEI Number	
8. Name and Address of Current Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 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 Registered Agent PEGISTERED AGENT NITST SIGN			
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/Mana		
maem Mark Auvil	12442 89th pl	LN West folm Beach. 3 12 20004374035-002 **200.00	
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 filling 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 Course Date Date Date Daytime Phone # 5612610589			
Typed or printed name of signing Managing Member/Manager MPK D. AUUIC			