


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2004 MAY 24 AM 8:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02600034526

1. Limited Liability Company's Name

CAHABA, LLC

2. Principal Office Address <u>1650 SE 8th Street</u> Suite, Apt. #, etc. City & State <u>Ft. Lauderdale, FL</u> Zip <u>33316</u> Country <u>USA</u>		3. Mailing Office Address <u>1650 SE 8th Street</u> Suite, Apt. #, etc. City & State <u>Ft. Lauderdale, FL</u> Zip <u>33316</u> Country <u>USA</u>		4. State/Country of Formation <u>FL/USA</u>	
				5. Date Organized or Qualified To Do Business in Florida <u>12/23/2002</u>	
				6. FEI Number <u>47-0904227</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

8. Name and Address of Current Registered Agent

Name <u>Harry K. Moon</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1650 SE 8th Street</u>		
Suite, Apt. #, Etc. <u></u>		
City <u>Ft. Lauderdale</u>	State <u>FL</u>	Zip Code <u>33316</u>

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**

Harry K. Moon

Date

3/6/04

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
<u>MGMR</u>	<u>Harry K. Moon</u>	<u>1650 SE 8th Street</u>	<u>Ft. Lauderdale, FL 33316</u>

REINSTATEMENT 2003-04

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**

Harry K. Moon

Date

5/19/04

Daytime Phone #

954-463-5208

Typed or printed name of signing Managing Member/Manager

HARRY K MOON

CR2E041 (10/02)