

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP 18 PM 1:11 700109562367 09/18/07--01020---005 **300.00 CR2E041 (1/07)	
DOCUMENT # L03000000567					
1. Limited Liability Company's Name Borglund Hoffman Holdings, LLC					
2. Principal Office Address - No P.O. Box # 1106 W Indiantown Rd		3. Mailing Office Address 1106 W Indiantown Rd		4. State/Country of Formation Florida/Palm Beach	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1		5. Date Organized or Qualified To Do Business in Florida 01/06/2003	
City & State Jupiter, FL		City & State Jupiter, FL		6. FEI Number 02-0667519 <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
Zip 33458	Country Palm Beach	Zip 33458	Country Palm Beach	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Roland Borglund					
Street Address (P.O. Box Number is Not Acceptable) 1106 W Indiantown Rd					
Suite, Apt. #, Etc. Suite 1					
City Jupiter		State FL	Zip Code 33458		
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
MGMR	Roland Borglund	1106 W Indiantown Rd Suite 1	Jupiter, FL 33458		
MGMR	James Hoffman	658 W Indiantown Rd Suite 210	Jupiter, FL 33458		
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  Date 9/14/07 Daytime Phone # 561-747-0160 Typed or printed name of signing Managing Member/Manager Roland Borglund					