


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg); display: inline-block;">FILED</div> <div style="font-size: 1.2em; transform: rotate(-15deg); display: inline-block;">05 MAR -8 PM 1:13</div> <div style="font-size: 0.8em; transform: rotate(-15deg); display: inline-block;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">BK</div>	
DOCUMENT # L03000000692					
1. Limited Liability Company's Name TRANSBRAZ LLC					
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2. Principal Office Address 1901 BALSEY ROAD		3. Mailing Office Address 1901 BALSEY ROAD		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 1/7/03	
City & State ALVA, FL		City & State ALVA, FL		6. FEI Number 85-0486039	
Zip 32920		Country US		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 NRAI Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc. Suite 4					
City Weston					
State FL					
Zip Code 33331					
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 NRAI Services, Inc.					
Date 3/7/05					
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		
MGRM	ANTHONY LEWIS	1901 BALSEY ROAD	ALVA, FL 33920		
<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg); display: inline-block;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;">2004-2005</div>					
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 Anthony W. Lewis					
Date 3 Mar 05					
Daytime Phone #					
Typed or printed name of signing Managing Member/Manager Anthony W. Lewis					

CR2ED041 (10/02)