

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 24 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 03000003801

1. Limited Liability Company's Name

Today's Supplies USA LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1907 BELMONT LANE

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip

33068

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

2005

6. FEI Number

331041538

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Glynis BANHAN

Street Address (P.O. Box Number is Not Acceptable)

1907 BELMONT LANE

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 MUST SIGN

Date

10/22/07

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
	Glynis Banhan	1907 Belmont Lane	North Lauderdale FL 33068

REINSTATEMENT

06-07

80111298408
10/24/07--01042--001 **300.00

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 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

10/22/07

Daytime Phone #

954-722-0000

Typed or printed name of signing Managing Member/Manager

Glynis BANHAN