PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 28 AM 9: 50
DOCUMENT # 人 03 ロ 1. Limited Liability Company's Name		
The Altex	GROUP, LLC.	
	 	CR2E041 (8/05)
2. Principal Office Address 62 SEALLE FREET	3. Mailing Office Address The SAME	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State /	City & State	5. Date Organized or Qualified To Do Business in Florida Feb. 3 4 2003
GEORGETOWN, MA		6. FEI Number
01833 Country USA	Zip Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name PATRIC	k Tomassi Me	EMSTATEMENT 04-06
Street Address (P.O. Box Number is Not Acceptable) 2270 North US Highway 1		
Suite, Apt. #, Etc.	TOMME US THEY TWAY	\$150.
City		State Zip Code 34946 \$155.
FORT PI	erce	FL 34946 1413
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 / Marsh Date 8-22-06 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Men	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each Managing Member/Mana	
Max JENNIFER PAUL	ASKI 62 SEALLE STA	est beorgetown, MA 01833
Max Concetta TRois	i 4 MARKET ST	treet PEAGOLY MA 0/180
Man John CANdile	= 5 Fuller Li	are Middleton, MA 01949
MER Jim Sullivan) 23 PALSONAGE	Hill Rd HAVERLILL, MA 01832
	/	5007933525 08/31/0601040015 **205.00
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 Manager Ker Faulasti Date 8-22-Copaytime Phone # 978-352-1288 Typed or printed name of signing Managing Member/Manager TENNIFER R. PAULASKI		
Typed or printed name of signing Managing Member/Manager VENNITER N. THULASK!		
Never Received Natice		

August 23, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 AUG 28 AM 9: 50

Attn Maria Fender Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

It has come to our attention that an annual report has not been filed for The Altex Group, LLC since 2004. We have never received a notification from the State of Florida stating an annual report was needed to maintain our corporation status in FL. Attached is the reinstatement documentation needed for 04, 05 and 06 and the \$200.00 fee for reinstatement and the \$5.00 charge for the Certificate of Status. Due to this clerical error please restore our corporate records to good standing in FL. as of August 2004 and please consider refunding our fees.

Feel free to contact me if you have any questions at 978-352-4288

Thank you in advance.

Jennyfey Paulaski

The Altex Group