250.00
10-1-04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:45

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000004136

1. Limited Liability Company's Name

FEM Investments, LC

700068100827
03/20/06--01019--013 **250.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
176 Helios Drive	176 Helios Drive
Suite, Apt. #, etc.: Suite 505	Suite, Apt. #, etc.: Suite 505
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 2/3/03

6. FEI Number: [X] 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: Robert T. Zochowski, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1001 N. US Highway One

Suite, Apt. #, Etc.: Suite 400

City: Jupiter State: FL Zip Code: 33477

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 1/12/06

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
memb.	Peter L.A. Pantages	176 Helios Dr., #505	Jupiter, FL 33477
		REINSTATEMENT 04-06	

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 608.408, 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 1/12/06 Daytime Phone # 609-586-5445

Typed or printed name of signing Managing Member/Manager Peter L.A. Pantages