

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 23 P 3:57

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000004267

1. Limited Liability Company's Name

EQUITY, LLC

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

1159 Hillsboro Mile

Suite, Apt. #, etc.

3. Mailing Office Address

1159 Hillsboro Mile

Suite, Apt. #, etc.

City & State

Hillsboro Beach, FL

City & State

Hillsboro Beach, FL

Zip

33062

Country

US

Zip

33062

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

41-2077325

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

WARREN SABLOFF

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

1159 HILLSBORO MILE

Suite, Apt. #, Etc.

City

HILLSBORO BEACH

State

FL

Zip Code

33062

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 **10/9/07**

10. Names and Street Addresses of Managing Members/Managers

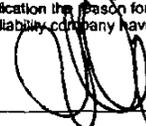
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SABLOFF, WARREN	1159 Hillsboro Mile	Hillsboro Beach, FL 33062

10/18/07-01005-014- \$150.00

REINSTATEMENT 05-07

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 **10/9/07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager