
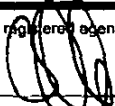
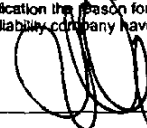


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin-top: 10px;">2007 OCT 23 P 3:57</div> <div style="margin-top: 10px;">SECRETARY OF STATE ALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px;">CR2E041 (1/07)</div>	
<b>DOCUMENT # L03000004267</b> 1. Limited Liability Company's Name <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">EQUITY, LLC</div>					
2. Principal Office Address - No P.O. Box # <b>1159 Hillsboro Mile</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1159 Hillsboro Mile</b> Suite, Apt. #, etc.		4. State/Country of Formation <div style="font-size: 1.2em; font-weight: bold;">FLORIDA</div>	
City & State <b>Hillsboro Beach, FL</b>		City & State <b>Hillsboro Beach, FL</b>		5. Date Organized or Qualified To Do Business in Florida	
Zip <b>33062</b>	Country <b>US</b>	Zip <b>33062</b>	Country <b>US</b>	6. FEI Number <b>41-2077325</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
8. Name and Address of Current Registered Agent Name <b>WARREN SABLOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>1159 HILLSBORO MILE</b> Suite, Apt. #, Etc. City <b>HILLSBORO BEACH</b> <div style="float: right; margin-top: -20px;">         State  <b>FL</b>         Zip Code  <b>33062</b> </div>				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> 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.       </div>	
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 <b>10/9/07</b> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>					
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		
<div style="font-size: 1.2em; margin: 0;">10/18/07-01005-014- \$150.00</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">REINSTATEMENT 05-07</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  Date <b>10/9/07</b> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____					