PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L03000006360

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 31 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Gary Zeller, LLC 04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 100 W. Cypress Creek Rd. | 100 W. Cypress Creek Rd |
| Suite, Apt. #, etc. Suite 965 | Suite, Apt. #, etc. Suite 965 |
| City & State Ft. Lauderdale, FL | City & State Ft. Lauderdale, Fl |
| Zip 33309 Country USA | Zip 33309 Country USA |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 02/20/2003

6. FEI Number [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Gary Zeller
Street Address (P.O. Box Number is Not Acceptable): 100 W. Cypress Creek Rd.
Suite, Apt. #, Etc.: Suite 965
City: Ft. Lauderdale State: FL Zip Code: 33309

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: Gary Zeller REGISTERED AGENT MUST SIGN Date: 7/30/06

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 |
|---|---|---|---|
| MGR | Gary Zeller | 100 W. Cypress Creek Rd Suite 965 | Ft. Lauderdale, FL 33309 |
| | | | 700078380417 07/04/06--01043--015 **255.00 |
| | REINSTATEMENT 2004-2006 | | |
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| | | | |

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: Gary Zeller Date: 7/30/06 Daytime Phone # 954-857-4380

Typed or printed name of signing Managing Member/Manager: Gary Zeller