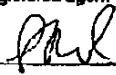
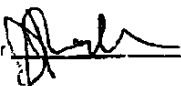


NOV. 29. 2005 9:40AM CAPITAL CONNECTION

NO. 1912 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 05 NOV 28 AM 10:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # L03000020401 1. Limited Liability Company's Name LMD GROUP LLC																													
2. Principal Office Address 7901 SW 67 AVE Suite, Apt. #, etc. 206 City & State MIAMI, FL Zip 33143 Country USA		3. Mailing Office Address 7901 SW 67 AVE Suite, Apt. #, etc. 206 City & State MIAMI, FL Zip 33143 Country USA		4. State/Country of Formation FLORIDA / MIAMI-DADE 5. Date Organized or Qualified To Do Business in Florida 6-5-03 6. FEI Number ☒ 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 GEORGE RUDD Street Address (P.O. Box Number is Not Acceptable) 7901 SW 67 AVE 400061721894 Suite, Apt. #, Etc. 206 City MIAMI State FL Zip Code 33143																													
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 11.28.05 REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>DOUGLAS RUDD</td> <td>7901 SW 67 AVE #206</td> <td>MIAMI / FL / 33143</td> </tr> <tr> <td>MGRM</td> <td>JUAN PLANAS</td> <td>7901 SW 67 AVE #206</td> <td>MIAMI / FL / 33143</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	DOUGLAS RUDD	7901 SW 67 AVE #206	MIAMI / FL / 33143	MGRM	JUAN PLANAS	7901 SW 67 AVE #206	MIAMI / FL / 33143												
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MGRM	JUAN PLANAS	7901 SW 67 AVE #206	MIAMI / FL / 33143																										
REINSTATEMENT 2004-2005																													
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 11.28.05 Daytime Phone # 305-740-7472 Typed or printed name of signing Managing Member/Manager DOUGLAS RUDD																													

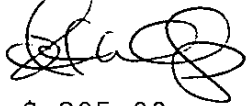


CORPORATION SERVICE COMPANY

L03000020401

ACCOUNT NO. : 072100000032

REFERENCE : 724643 7368642

AUTHORIZATION : 

COST LIMIT : \$ 205.00

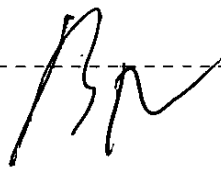
ORDER DATE : November 28, 2005

ORDER TIME : 11:10 AM

ORDER NO. : 724643-005

CUSTOMER NO: 7368642

DOMESTIC FILINGS



NAME: LMD GROUP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

RECEIVED
05 NOV 28 PM 11:01
DIVISION OF CORPORATION

FILED
05 NOV 28 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA