## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 AUG -5 AM 10: 43	
DOOL!!! # 10200002000				SECRETARY	
DOCUMENT # L03000030890				SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Limited Liability Company's Name				"MASSEE FLORIDA	
BENICKEM HOLDINGS LLC					
				CR2E041 (8/05)	
2. Principal Office Address 250 CENTRAL BLVD.,		3. Mailing Office Address 250 CENTRAL BLVD.			
250 CENTRAL BLVD.,		250 CENTRAL BLVD.		4. State/Country of Formation	
Suite, Apt, #, etc.	- · · · ·	College Annual House		FL, USA	
205		Suite, Apt. #, etc. 205			
				5. Date Organized or Qualified To Do Business in Florida 8/19/03	
City & State		City & State		0/15/05	
JUPITER, FL		THOTOED ET		6. FEI Number Applied For	
· · · · · · · · · · · · · · · · · · ·	T	JUPITER, FI		20-0180185 Not Applicable	
Zip	Country	Zip   33458	Country	7. SEED Additional Free required	
33458	USA	33430	PUSA BEACH	CERTIFICATE OF STATUS DESIRED (107 @ Gardifficate of Status	
		R Name and	Address of Current Register	ad Agent	
8. Name and Address of Current Registered Agent					
. III	Name LOUIS B DEFERED ECO				
LOUIS P. PFEFFER, ESQ.					
Street Address (P.O. Box Number is Not Acceptable)					
250 CENTRAL BLVD., STATE 105 600134363106 88/12/08 01014 000 **238.78					
Suite Apt. #, Etc. 00712700 01014 000 ***250.14					
JUPITER			State Zip Code 3 3 4 5 8		
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			7/22/08		
REGISTERED AGENT MUST SIGN			Date		
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Mana		
MCD LOUIS D		250 CENTRAL BLVD.			
MGR LOUI	MGR LOUIS P. PFEFFER		E 205	JUPITER, FL 33458	
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11. I certify that I am maharing 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 reinstalement application the reason or 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 lighted liability company have been haid. 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 7/22/08 Daytime Phone # 561-745-8011					
Typed or printed name of signing Managing Member/Manager LOUIS P. PFEFFER					