

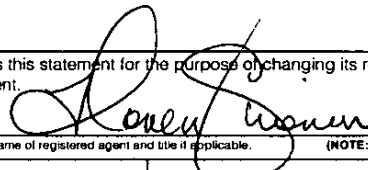
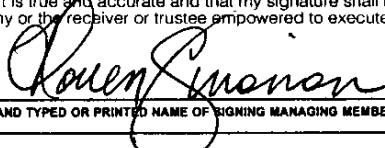


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

<b>DOCUMENT # L03000031595</b> 1. Entity Name <b>SINANAN-GADDY, LLC</b>					
Principal Place of Business <b>10191 EAST CYPRESS COURT</b> <b>PEMBROKE PINES, FL 33026 US</b>			Mailing Address <b>10191 EAST CYPRESS COURT</b> <b>PEMBROKE PINES, FL 33026 US</b>		
2. Principal Place of Business <b>19925-4 NW 2nd AVE.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State		4. FEI Number <b>74-3129782</b>	
Zip <b>33169</b> Country <b>DADE</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SINANAN, KAREN</b> <b>10191 EAST CYPRESS COURT</b> <b>PEMBROKE PINES, FL 33026</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>KAREN SINANAN</b> <b>MANAGER 11/9/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SINANAN, KAREN</b> <b>10191 EAST CYPRESS COURT</b> <b>PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>GADDY, CHRISTOPHER V</b> <b>10191 EAST CYPRESS COURT</b> <b>PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			<b>REINSTATEMENT 2006</b>		
SIGNATURE:  <b>KAREN SINANAN</b> <b>11/9/06</b> <b>954.253.8143</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					