| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  |   |  |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  |
| DOCUMENT # LO300035695  1. Limited Liability Company's Name  Personality Profiles LLC  |   | 09 HAR 27 PM 3; 19   |
| 2. Principal Office Address - No P.O. Box #  | 3. Mailing Office Address   | CR2E041 (12/07)  |
| 1411 Copperwood PL. Suite, Apt. #, etc.  | 3810 Colonial All.  Suite, Apt. #, etc.                                 | 4. State/Country of Formation Florida  5. Date Organized or Qualified To Do Business in Florida  |
| City & State  Milton F  Zip Country  | City & State  Alexandra VA  Zip Country                                 | 6. FEI Number Applied For Not Applicable   |
| 32511 US   | 20 POEGG  | CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status  |
| Name Name Name Name Name Name Name No. a Tuck Street Address (Ep. Box Number is Not Acceptable)  Light Supposed Pt. Suite, Apt. #, Etc.  State FL 32-51  |   | 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. |
| 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 REGISTERED AGENT MUST SIGN  Date  |   |  |
| 10. Names and Street Addresses of Managing Members/Managers  |   |  |
| Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers   |   | eger City / State / Zip  |
| marin Angala Tucker  |   | 900143412199<br>02/11/0901041008 **416.25  |
|  |   |  |
|  |   | 900143412199<br>88/31/0901002002 **138.75  |
|  |   |  |
| REINSTATEMENT 2006-2009  |   |  |
|  |   |  |
| 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 7-3-08 Daytime Phone #850-261-551)   |   |  |
| Typed or printed name of signing Member/Manager Angela Tucker  |   |  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAR 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 18, 2009

PERSONALITY PROFILES LLC 3810 COLONIAL AVE ALEXANDRIA, VA 22309

SUBJECT: PERSONALITY PROFILES LLC

Ref. Number: L03000035695

We have received your document for PERSONALITY PROFILES LLC and check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00005794