
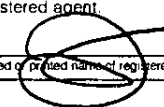
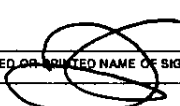


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 25 AM 10:44

<b>DOCUMENT # L03000040089</b>					
1. Entity Name APEX INTERMEDIARIES, LLC					
Principal Place of Business 7900 NW 155TH STREET, SUITE 201 MIAMI LAKES, FL 33016			Mailing Address 7900 NW 155TH STREET, SUITE 201 MIAMI LAKES, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10202005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VALKO, JOHN 7900 NW 155TH STREET, SUITE 201 MIAMI LAKES, FL 33016			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 			JOHN VALKO		DATE 10/20/05
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALKO, JOHN 2101 CORPORATE BLVD. BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 			JOHN VALKO		DATE 10/20/05 (561) 512-3858
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

C



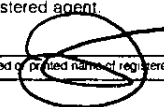
10202005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**APPLIED FOR**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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			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  JOHN VALKO DATE 10/20/05

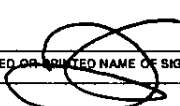
**FILE NOW!!! FEE IS \$50.00**  
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In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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SIGNATURE:  JOHN VALKO DATE 10/20/05 (561) 512-3858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #